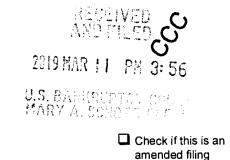
Fill in this information to identify your case:	
United States Bankruptcy Court for the: DISTRICT OF NEVADA	
Case number (if known):	Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13



### Official Form 101

## Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	art 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example,	JEZABEL First name	First name
	your driver's license or passport).	Middle name	Middle name
	Bring your picture	SUAREZ-GARCIA	
	identification to your meeting with the trustee.	Last name	Last name
		Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8	First name	First name
	years	riistiidiile	riist hanie
	Include your married or maiden names.	Middle name	Middle name
		Last name	Last name
		First name	First name
		Middle name	Middle name
		Last name	Last name
**************************************			
3.	Only the last 4 digits of your Social Security	xxx - xx - 7 <u>4</u> 9 4	xxx - xx
:	number or federal	OR	OR
-	Individual Taxpayer Identification number (ITIN)	9 xx - xx	9 xx - xx

De	ebtor 1 JEZABEL SU. First Name Middle Na	AREZ-GARCIA  Last Name	Case number (if known)
epan Proces		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
Any business names     and Employer Identification Numbers		☑ I have not used any business names or EINs.	☐ I have not used any business names or EINs.
	(EIN) you have used in the last 8 years	Business name	Business name
	Include trade names and doing business as names	Business name	Business name
		EIN	EIN
		EIN	EIN
5.	Where you live		if Debtor 2 lives at a different address:
		5240 ERIN CIR	Number Street
		Number Street	Number Street
		LAS VEGAS NV 89122 City State ZIP Code	City State ZIP Code
		CLARK	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number Street	Number Street
		P.O. Box	P.O. Box
		City State ZIP Code	City State ZIP Code
6.	Why you are choosing	Check one:	Check one:
	this district to file for bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	I have another reason. Explain. (See 28 U.S.C. § 1408.)

JEZABEL SLIAREZ-GARCIA

Part 2: Tell the Court Ab	out Your E	Bankruptcy Case			
The chapter of the Bankruptcy Code you	Check of	one. (For a brief description of eac cruptcy (Form 2010)). Also, go to	ce Required by 11 age 1 and check the	U.S.C. § 342(b) for Individuals Filing he appropriate box.	
are choosing to file under	Cha	pter 7			
unaci	☐ Cha	pter 11			
	☐ Cha	pter 12			
	☐ Cha	pter 13			
. How you will pay the fee	loca your subn with  I ne App  I rec By is	all court for more details about reelf, you may pay with cash, mitting your payment on your a pre-printed address.  ed to pay the fee in installm lication for Individuals to Pay quest that my fee be waived aw, a judge may, but is not rethan 150% of the official power.	how you n cashier's c behalf, you nents. If yo The Filing I (You may equired to, y	nay pay. Typical check, or money ur attorney may u choose this or Fee in Installmed request this option waive your fee, a	order. If your attorney is pay with a credit card or check oftion, sign and attach the ents (Official Form 103A).  Tion only if you are filing for Chapter 7 and may do so only if your income is
		the fee in installments). If you pter 7 Filing Fee Waived (Offi		nis option, you m	iust fill out the Application to Have th
bankruptcy within the	Cha	pter 7 Filing Fee Waived (Offi	icial Form	nis option, you m	nust fill out the <i>Application to Have th</i> with your petition.
	Cha			nis option, you m 103B) and file it	iust fill out the Application to Have th
bankruptcy within the	Cha	pter 7 Filing Fee Waived (Offi	icial Form	nis option, you m 103B) and file it 02/11/2011	nust fill out the <i>Application to Have th</i> with your petition.
bankruptcy within the	Cha	pter 7 Filing Fee Waived (Office of the District LAS VEGAS	icial Form	O2/11/2011	ust fill out the <i>Application to Have th</i> with your petition.  Case number UNKNOW
bankruptcy within the	Cha	pter 7 Filing Fee Waived (Office of Property LAS VEGAS  District	when	O2/11/2011	ust fill out the <i>Application to Have th</i> with your petition.  Case number UNKNOW  Case number
bankruptcy within the last 8 years?  . Are any bankruptcy	Cha	pter 7 Filing Fee Waived (Office of Property LAS VEGAS  District	when	O2/11/2011 MM / DD / YYYY	ust fill out the <i>Application to Have th</i> with your petition.  Case number UNKNOW  Case number
bankruptcy within the last 8 years?  Are any bankruptcy cases pending or being filed by a spouse who is	Cha □ No ☑ Yes.	pter 7 Filing Fee Waived (Office of the Control of	When When	O2/11/2011 MM / DD / YYYY  MM / DD / YYYY	ust fill out the <i>Application to Have th</i> with your petition.  Case number UNKNOW  Case number
bankruptcy within the last 8 years?  Are any bankruptcy cases pending or being	Cha  No  Yes.	pter 7 Filing Fee Waived (Office of the Control of	When When	O2/11/2011 MM / DD / YYYY  MM / DD / YYYY	case number  Case number  Case number  Case number  Case number
bankruptcy within the last 8 years?  Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an	Cha  No  Yes.	pter 7 Filing Fee Waived (Office District LAS VEGAS  District Debtor District Debtor Debtor Debtor Debtor Debtor Debtor Debtor Debtor Debtor	When When When	O2/11/2011 MM / DD / YYYY  MM / DD / YYYY	case number  Case number  Case number  Case number  Case number  Case number  Relationship to you  Relationship to you  Relationship to you
ast 8 years?  Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an	Cha  No  Yes.	pter 7 Filing Fee Waived (Office District LAS VEGAS  District Debtor District Debtor Debtor Debtor Debtor Debtor Debtor Debtor Debtor Debtor	When When When	O2/11/2011 MM / DD / YYYY  MM / DD / YYYY	cust fill out the <i>Application to Have th</i> with your petition.  Case number UNKNOW  Case number

part of this bankruptcy petition.

	JAREZ-GARCIA Case number (if known)
First Name Middle Nam	ame Last Name
art 3: Report About Any	Businesses You Own as a Sole Proprietor
<del>_</del>	
2. Are you a sole proprietor	No. Go to Part 4.
of any full- or part-time	☐ Yes. Name and location of business
business?	165. Igaine and location of business
A sole proprietorship is a business you operate as an	
individual, and is not a separate legal entity such as	Name of business, if any
a corporation, partnership, or	
LC.	Number Street
If you have more than one sole proprietorship, use a	
separate sheet and attach it	
to this petition.	City State ZIP Code
	Check the appropriate box to describe your business:
	☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
	☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
	☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
	☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
	☐ None of the above
Chapter 11 of the Bankruptcy Code and are you a small business debtor?	can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
For a definition of small	☐ No. I am not filing under Chapter 11.
business debtor, see 11 U.S.C. § 101(51D).	☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.
	Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.
art 4: Report if You Own	or Have Any Hazardous Property or Any Property That Needs Immediate Attention
. Do you own or have any	☑ No
property that poses or is alleged to pose a threat	☐ Yes. What is the hazard?
of imminent and	
identifiable hazard to	
public health or safety? Or do you own any	
property that needs	If immediate attention is needed, why is it needed?
immediate attention?	Il littinodiate attention to needed, why to it needed:
For example, do you own perishable goods, or livestock that must be fed, or a building	
that needs urgent repairs?	Where is the assessment of
	Where is the property?

City

ZIP Code

State

Debtor 1

<u>JEZABEL SUAREZ-GARCIA</u>

Case number (if known)	
------------------------	--

Part 5:

#### **Explain Your Efforts to Receive a Briefing About Credit Counseling**

15. Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About D	ebtor	1
---------	-------	---

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing a	bout
credit counseling because of:	

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making

rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about
credit counseling because of:

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

■ Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **Answer These Questions for Reporting Purposes** Part 6: 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) 16. What kind of debts do as "incurred by an individual primarily for a personal, family, or household purpose." you have? No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ■ No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts. 17. Are you filing under No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and Do you estimate that after administrative expenses are paid that funds will be available to distribute to unsecured creditors? any exempt property is excluded and No No administrative expenses Yes are paid that funds will be available for distribution to unsecured creditors? **4**9 1-49 25,001-50,000 1,000-5,000 18. How many creditors do you estimate that you 50-99 50.001-100.000 5,001-10,000 owe? 10.001-25.000 ☐ More than 100.000 **1**00-199 200-999 \$500,000,001-\$1 billion \$0-\$50.000 □ \$1,000,001-\$10 million 19. How much do you estimate your assets to \$1,000,000,001-\$10 billion \$50,001-\$100,000 \$10,000,001-\$50 million be worth? \$10,000,000,001-\$50 billion \$100,001-\$500,000 \$50,000,001-\$100 million \$500,001-\$1 million \$100,000,001-\$500 million ☐ More than \$50 billion \$0-\$50.000 ■ \$1,000,001-\$10 million \$500,000,001-\$1 billion 20. How much do you estimate your liabilities □ \$10,000,001-\$50 million \$1,000,000,001-\$10 billion \$50,001-\$100,000 to be? \$10,000,000,001-\$50 billion \$100,001-\$500,000 \$50,000,001-\$100 million ■ \$500.001-\$1 million ■ \$100,000,001-\$500 million ☐ More than \$50 billion Sign Below Part 7: I have examined this petition, and I declare under penalty of perjury that the information provided is true and For you correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Signature of Debtor 1

Executed on 3

Signature of Debtor 2

MM / DD / YYYY

Executed on

# Case 19-11357-abl Doc 1 Entered 03/11/19 16:10:39 Page 7 of 67

DEDICI OF THE PERSON OF THE PE	SUAREZ-GARCIA  Last Name	Case number (if known)_	
For your attorney, if you represented by one	I, the attorney for the debtor(s) named in to proceed under Chapter 7, 11, 12, or 13 available under each chapter for which the	this petition, declare that I have inf of title 11, United States Code, ar	nd have explained the relief
If you are not represente by an attorney, you do n need to file this page.	the notice required by 11 U.S.C. § 342(b) knowledge after an inquiry that the inform	and, in a case in which § 707(b)(4	I)(D) applies, certify that I have no
	Signature of Attorney for Debtor	Duic	MM / DD /YYYY
	Printed name		
	Firm name		
	Number Street		
	City	State	ZIP Code
	Contact phase	Email address	
	Contact phone	Email address	
	Bar number	State	-

THE CONTROL OF THE PROPERTY OF

Debtor 1

<b>JEZABEL</b>	SUAREZ-	-GARCIA

JEZAC	DEL SUAL	KEZ-GARCIA	_
First Name	Middle Name	Last Name	

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page.

The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned.

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also

be familiar with any state exemption laws that apply.	•
Are you aware that filing for bankruptcy is a serious actions consequences?  No Yes	on with long-term financial and legal
Are you aware that bankruptcy fraud is a serious crime a inaccurate or incomplete, you could be fined or imprison   No   Yes	· · · · · · · · · · · · · · · · · · ·
Did you pay or agree to pay someone who is not an atto No No Yes. Name of Person AMY MILLER Attach Bankruptcy Petition Preparer's Notice, Decl	
By signing here, I acknowledge that I understand the risi have read and understood this notice, and I am aware that attorney may cause me to lose my rights or property if I	nat filing a bankruptcy case without an
iO ×	
Signature of Debtor 1	Signature of Debtor 2
Date 3 / 11 / 2019	Date MM / DD / YYYY
Contact phone	Contact phone
Cell phone 202-712-394	Cell phone
Email address	Email address

Certificate Number: 12459-NV-CC-032423003



# **CERTIFICATE OF COUNSELING**

I CERTIFY that on March 11, 2019, at 11:32 o'clock AM PDT, Jezabel Suarez Garcia received from Abacus Credit Counseling, an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the District of Nevada, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan <u>was not prepared</u>. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: March 11, 2019

By: /s/Danell Rios-Schmehl

Name: Danell Rios-Schmehl

Title: Credit Counselor

<sup>\*</sup> Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

Fill in this	information to identi	y the case:				
Debtor 1	JEZABEL SUAR					
Debtor 2	First Name	Middle Name	Last Name	_		
(Spouse, if filing	) First Name	Middle Name	Last Name			
United States	Bankruptcy Court for the	DISTRICT OF NEVA	DA			
Case number (If known)			Chapter 7			
	Form 119	_			. ,	
Bankru	ptcy Petition	on Preparer	's Notice, De	claration, and Si	ignature	12/15
does not com		ns of title 11 of the U		each must sign in Part 3. A ba he Federal Rules of Bankruptc		
Part 1: N	lotice to Debtor	·				
Bankru whe whe whe	ptcy petition prepare ther to file a petition ther filing a case und ther your debts will b ther you will be able	rs are not attorneys a under the Bankruptcy ler chapter 7, 11, 12, e eliminated or disch to keep your home, c	rand may not practice law Code (11 U.S.C. § 101 or 13 is appropriate; larged in a case under the car, or other property after	e Bankruptcy Code; r filing a case under the Bankr		
	•	•	case is filed under the B	ankruptcy Code;		
	ther any tax claims n	•	dabta to a see ditas a	into a selfine time		
				er into a reaffirmation agreeme	ent,	
		•	ts in property or your del	us; or		
■ wna	t procedures and rigi	nts apply in a bankrup	otcy case.			
The ba	nkruptcy petition pro	eparer	AMY MILLE	₹	has notified me of	
any ma	aximum allowable fee	e before preparing an	ny document for filing or	accepting any fee.		
Signatu	re of Debtor 1 acknowled	ging receipt of this notice		Date 3///	12019 14444	
any ma	aximum allowable fee	Name e before preparing an	ny document for filing or	accepting any fee.	,	

Signature of Debtor 2 acknowledging receipt of this notice

Date MM / DD / YYYY

der penalty I am a bank I or my firm Preparer as if rules or gi	Name Middle Name  claration and Signa  y of perjury, I declare  cruptcy petition prepare		Bankruptcy Petit	tion Preparer		
der penalty I am a bank I or my firm Preparer as if rules or g	y of perjury, I declare		Bankruptcy Petit	tion Preparer		···
I am a bank I or my firm Preparer as if rules or gi		that:				
I am a bank I or my firm Preparer as if rules or gi		that:				
I or my firm Preparer as if rules or gr	cruptcy petition prepare	tilut.				
Preparer as		er or the office	r, principal, respor	nsible person, or partner of	a ba	nkruptcy petition preparer;
if rules or g					e No	tice to Debtor by Bankruptcy Petition
if rules or g	s required by 11 U.S.C	s. §§ 110(b), 1	10(h), and 342(b);	and		
preparers n	uidelines are establish	ed according (	to 11 U.S.C. § 110	)(h) setting a maximum fee	for s	ervices that bankruptcy petition
	nay cnarge, I or my tiri Iny fee from the debtoi		deptor or the maxii	mum amount before prepar	nng a	any document for filing or before
			NED	AMY TAXES N M		· <b>=</b>
AMY MI Printed name		Title, if any	NER	Firm name, if it applies		
9565 S E	ASTERN AVE ST	F 128				
Number	Street	L 120	<del></del>			
LAS VEG	SAS	NV 89	9123	702-979-5837		
City		State	ZIP Code	Contact phone		_
l or my firm (Check all th	-	nents checke	d below and the	completed declaration is	mad	le a part of each document that I che
	y Petition (Form 101)		Schedule I (Fo	,		Chapter 11 Statement of Your Current Mo- Income (Form 122B)
Statemer (Form 12	nt About Your Social Sec	urity Numbers	Schedule J (Fo			Chapter 13 Statement of Your Current Mor
`	y of Your Assets and Liab	ilities and	Declaration Ab Schedules (Fo	oout an Individual Debtor's		Income and Calculation of Commitment Pe (Form 122C-1)
Certain S	Statistical Information (Fo		_	financial Affairs (Form 107)		Chapter 13 Calculation of Your Disposable
_	AVB (Form 106A/B)		Statement of Ir	ntention for Individuals Filing		Income (Form 122C-2)
	e C (Form 106C)		Under Chapter			, pp.,, and a series of the se
	D (Form 106D)			ement of Your Current le (Form 122A-1)	آل]	(Form 103A)  Application to Have Chapter 7 Filing Fee
_	E/F (Form 106E/F)		_	Exemption from Presumption		Waived (Form 103B)
_	e G (Form 106G)		of Abuse Unde	er § 707(b)(2)	Z	
Schedule	e H (Form 106H)		(Form 122A-15	ns Test Calculation		(creditor or mailing matrix)
			(Form 122A-2)		_	Other
Bankruptcy p	petition preparers must s	sign and give th	eir Social Security r	numbers. If more than one ba	nkrup	otcy petition preparer prepared the docum
to which this	declaration applies, the	signature and	Social Security nur	mber of each preparer must I	be pr	ovided. 11 U.S.C. § 110.
				620 60 4	2 5	30 3/1/201
signature of	mkrumey petition peparer	or officer, princip	pal, responsible	6 2 0 - 6 0 - 2 Social Security number of pe	erson	3 9 Date 3/1/ Jole
pe <del>rson,</del> or part	tner					
AMY MILL	LER					
Printed name		A 1 4 1 5 1 1 1				
Signature of h	ankruptcy petition preparer	or officer princip	al responsible	Social Security number of pe	erson	Who signed MM / DD / YYYY
	tner	J princip		Social Security number of pe	., 3011	Signed WW/DD/TTTT

B2800 (Form 2800) (12/15)

	Unite	ed States Bankruptcy District Of NEVADA	
In re	EZABEL SUAREZ-GARCI	4	Case No
	Debtor		Chapter 7
[Mus		IPENSATION OF BANKRUPTCY  pankruptcy petition preparer prepare.	Y PETITION PREPARER s the petition. 11 U.S.C. § 110(h)(2).]
1.	attorney, that I prepared or codebtor(s) in connection with the filing of the bankruptcy	aused to be prepared one or more donis bankruptcy case, and that compen	I am not an attorney or employee of an ocuments for filing by the above-named station paid to me within one year before, for services rendered on behalf of the case is as follows:
For doc	ument preparation services I ha	ve agreed to accept	\$ <u>200.00</u>
Prior to	the filing of this statement I ha	ve received	\$200.00
Balance	Due		\$ <u>0.00</u>
2.	TYPED ALL CHAPTER 7 FOR	e prepared the following documents ( MS (DECLARATION ON FORM 119 emize): PREPARE CHAPTER 7 FOR	
3. 4.	The source of the compensation Debtor JEZABEL SUAREZ-GA The source of compensation to Debtor	on paid to me was: Other (specify) RCIA paid me cash.	
5.	The foregoing is a complete s of the petition filed by the deb		ement for payment to me for preparation
6.	To my knowledge no other pe this bankruptcy case except as		a document for filing in connection with
NAME		SOCIAL SECURITY NUMBE	R
	Signature	620602539 Social Security number of bank petition preparer*	
	ILLER name and title, if any, of otcy Petition Preparer	8565 S. EASTERN AVE SUITE 12 Address	8, LAS VEGAS, NV 89123

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

<sup>\*</sup> If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer. (Required by 11 U.S.C. § 110).

Fill in this in	formation to identify your case:				
Debtor 1	JEZABEL SUAREZ-GARCIA First Name Middle Name	·	Last Name		
Debtor 2				_	
(Spouse, if filing)			Last Name		
United States I	Bankruptcy Court for the: DISTRICT OF	NEVADA			
Case number	(If known)				Check if this is an amended filing
Ĺ <u>.                                    </u>	(ii iii viii)				amended ming
	orm 106Sum				
Summar	y of Your Assets an	d Liabi	lities and C	ertain Statistical Info	rmation 12/15
Be as comple	te and accurate as possible. If two	married pe	ople are filing toge	ther, both are equally responsible for	supplying correct
your original i	forms, you must fill out a new <i>Sum</i>	men comple <i>nmary</i> and cl	te the information ( heck the box at the	on this form. If you are filing amended top of this page.	schedules after you file
	•	-			
Part 1: Su	mmarize Your Assets				
					Your assets
					Value of what you own
	VB: Property (Official Form 106A/B)				
1a. Copy lir	ne 55, Total real estate, from Schedul	le A/B			\$
4h Convilin	no 62. Total namonal property from 5	Schodula A/B	,		œ.
ть. Сору ін	e oz, Total personal property, Irom c	Scriedale Alb	······		•
1c. Copy lin	ne 63, Total of all property on <i>Schedu</i>	ıle A/B			\$
Part 2: Su	mmarize Your Liabilities				
		<del> </del>	<del></del>	·	
					Your liabilities
					Amount you owe
	Creditors Who Have Claims Secure		• •	•	s 18,322.00
2a. Copy th	e total you listed in Column A, <i>Amoul</i>	nt of claim, a	t the bottom of the la	ast page of Part 1 of Schedule D	¥
3. Schedule E.	/F: Creditors Who Have Unsecured C	Claims (Offici	al Form 106E/F)		s 0.00
3a. Copy th	e total claims from Part 1 (priority uns	secured clain	ns) from line 6e of S	chedule E/F	\$0.00_
зь. Copy the	e total claims from Part 2 (nonpriority	unsecured o	claims) from line 6j o	f Schedule E/F	<b>+</b> \$ 24,746.00
				Your total liabilities	\$ 43,068.00
Part 3: Su	mmarize Your Income and Exp	penses			
4. Schedule I:	Your Income (Official Form 106I)				_
	•	12 of Schedu	le I		\$2,753.07
5 Schedule I	Your Expenses (Official Form 106J)				
					\$3,187.00

Debtor 1		JEZABEL					Case number (if known)				
		First Name	Middle Name	Las	t Name						
P	art 4:	Answer The	ese Quesi	ions for A	dministrativ	e and Statist	tical Records				
_								<del></del>	<del></del>		
6.		_			ers 7, 11, or 1:						
	U No.` ✓ Yes	You have noth	ning to repor	t on this par	t of the form. (	Check this box a	nd submit this fo	rm to the cou	urt with your other	schedules.	
	torsee to the last	all Managery and a second of the contract of t	er a gretter et e e trope		Managery and American Springs and				and a state of the object of	. Thompson to the	i toward supplies to a
7.	What kir	nd of debt do	you have?								
	Your famil	<b>r debts are p</b> ly, or househo	rimarily cou old purpose.	nsumer deb ' 11 U.S.C.	i <b>ts.</b> Consumer § 101(8). Fill o	debts are those ut lines 8-9g for	"incurred by an statistical purpos	individual prir ses. 28 U.S.C	marily for a perso C. § 159.	nal,	
		r debts are no form to the co				ave nothing to re	port on this part	of the form. (	Check this box an	d submit	
	1 1994 1 1 196 1	ttank or in the length of the	egongen næmten	n e gaman n	re sign or the sign of	e				1 15 4 2 MIN 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
8.	From th Form 12	e <b>Statement</b> 2A-1 Line 11;	of Your Cu OR, Form	r <b>rent Month</b> 1228 Line 11	nly Income: Co 1; OR, Form 1:	opy your total cu 22C-1 Line 14.	rrent monthly inc	ome from Of	ficial	\$	3,198.23
	er register over 1 and 10 sec	theory or metatorial	i i agaga esta i i titge						t in a second second	Assessed to the control of the contr	esservice and a second
9.	Copy the	e following s	pecial cate	gories of cl	aims from Pa	rt 4, line 6 of So	chedule E/F:				
								Total cla	aim		
	From I	Part 4 on Sch	edule E/F,	copy the fo	llowing:						
	9a. Dom	estic support	obligations (	Copy line 6	a.)			\$	0.00		
	9b. Taxe	es and certain	other debts	you owe the	e government.	(Copy line 6b.)		\$	0.00		
	9c. Clain	ns for death o	r personal ir	ijury while y	ou were intoxid	cated. (Copy line	e 6c.)	\$	0.00		
	9d. Stude	ent loans. (Co	py line 6f.)					\$	0.00		
		ations arising		paration agr	eement or divo	orce that you did	not report as	\$	0.00		
	9f. Debt	s to pension o	r profit-shar	ing plans, a	nd other simila	ır debts. (Copy li	ne 6h.)	+ \$	0.00		
	9g. <b>Tota</b> l	I. Add lines 9a	ı through 9f.					\$	0.00		

Fill in this information to identify your case and this	filing:			
Fill it this information to latertary your case and and				
Debtor 1 JEZABEL SUAREZ GARCIA  First Name Middle Name	Last Name			
Debtor 2	Last Marity			
(Spouse, if filing) First Name Middle Name	Last Name			
United States Bankruptcy Court for the: DISTRICT OF NEV	ADA			
Case number		Г	Check if this is an	
		<u> </u>	amended filing	
			•	
Official Form 106A/B				
Schedule A/B: Propert	v		12/15	
In each category, separately list and describe items category where you think it fits best. Be as comple responsible for supplying correct information. If more write your name and case number (if known). Answers 1: Describe Each Residence, Building,	ete and accurate as possible. If two married people ore space is needed, attach a separate sheet to th	e are filing together, bo is form. On the top of a	th are equally	
Do you own or have any legal or equitable interes	st in any residence, building, land, or similar prop	erty?		
✓ No. Go to Part 2.	<b>,</b> , , , , , , , , , , , , , , , , , ,	•		
Yes. Where is the property?				
	What is the property? Check all that apply.	Do not deduct secured cla		
1.1.	<ul><li> ☐ Single-family home</li><li>☐ Duplex or multi-unit building</li></ul>	the amount of any secure Creditors Who Have Clair		
Street address, if available, or other description	Condominium or cooperative	Current value of the	Current value of the	
	☐ Manufactured or mobile home	entire property?	portion you own?	
	Land	\$	\$	
	☐ Investment property ☐ Timeshare	Describe the nature of	of your ownership	
City State ZIP Code	Other	interest (such as fee the entireties, or a life		
	Who has an interest in the property? Check one.	the entireties, or a mi	e estate), ii kilowii.	
	Debtor 1 only			
County	Debtor 2 only			
•	Debtor 1 and Debtor 2 only	Check if this is co	mmunity property	
	At least one of the debtors and another	,		
	Other information you wish to add about this it property identification number:	em, such as local		
If you own or have more than one, list here:				
	What is the property? Check all that apply.	Do not deduct secured cla		
1.2.	Single-family home	the amount of any secure Creditors Who Have Clain		
Street address, if available, or other description	☐ Duplex or multi-unit building☐ Condominium or cooperative	O	Comment walter af the	
	Manufactured or mobile home	entire property?	Current value of the portion you own?	
	Land	\$	\$	
	Investment property	Describe the nature of	of your ownership	
City State ZIP Code	☐ Timeshare ☐ Other	interest (such as fee	simple, tenancy by	
	Who has an interest in the property? Check one.	the entireties, or a life	e estate), if known.	
	Debtor 1 only			
County	Debtor 2 only			
County	Debtor 1 and Debtor 2 only			
	☐ At least one of the debtors and another	Check if this is co (see instructions)	·	
	Other information you wish to add about this ite property identification number:	m, such as local		

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Debtor 1	First Name Middle	Name Last Name	Case number (##	(nown)	
1.3.	Street address, if available	e, or other description  State ZIP Code	What is the property? Check all that apply.  Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other	Do not deduct secured clathe amount of any secure Creditors Who Have Clain Current value of the entire property?  Describe the nature of interest (such as feethe entireties, or a life.)	d claims on Schedule D: ms Secured by Property.  Current value of the portion you own?  \$
	County		Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Other information you wish to add about this its property identification number:		mmunity property
	own, lease, or have leg	al or equitable interes	st in any vehicles, whether they are registered or		S
ou own	that someone else drive , vans, trucks, tractors, lo	s. If you lease a vehicle	e, also report it on Schedule G: Executory Contracts		
3.1.	Make: Model: Year: Approximate mileage: Other information:	DODGE CARAVAN 88,000	Who has an interest in the property? Check one.  ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this is community property (see instructions)	Do not deduct secured clathe amount of any securer Creditors Who Have Claim  Current value of the entire property?  \$ 11,500.00	d claims on Schedule D:
If you	own or have more than	one, describe here:	Who has an interest in the property? Check one.	Do not deduct secured cla	
	Model: Year: Approximate mileage: Other information:		□ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another	the amount of any secured Creditors Who Have Claim  Current value of the entire property?	
	- and another than	normania Republicado (III de 17 may sua para para para para para para para pa	Check if this is community property (see instructions)	\$	\$

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	Make:	Who has an interest in the property? Check one. ☐ Debtor 1 only	Do not deduct secured cla the amount of any secure Creditors Who Have Clain	d claims on Schedule D.
	Year:	Debtor 2 only		Current value of ti
		Debtor 1 and Debtor 2 only	Current value of the entire property?	portion you own?
	Approximate mileage:	At least one of the debtors and another		
	Other information:	☐ Check if this is community property (see instructions)	\$	\$
	Make:	Who has an interest in the property? Check one.	Do not deduct secured cla	
	<del> </del>	Debtor 1 only	the amount of any secure Creditors Who Have Clain	
	Model:	Debtor 2 only		
	Year:	Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of t portion you own?
	Approximate mileage:	At least one of the debtors and another	entile property:	portion you own:
	Other information:		¢	\$
	HAVE - Hardway -	Check if this is community property (see	\$	<b>J</b>
mp No Ye	oles: Boats, trailers, motors, personal v	instructions)  and other recreational vehicles, other vehicles, and access watercraft, fishing vessels, snowmobiles, motorcycle accessor  Who has an interest in the property? Check one.	ories  Do not deduct secured cla	
<i>mμ</i> No Ye	oles: Boats, trailers, motors, personal v o es	and other recreational vehicles, other vehicles, and access watercraft, fishing vessels, snowmobiles, motorcycle accessor.  Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only	ories	d claims on <i>Schedule D</i>
mµ No Ye	oles: Boats, trailers, motors, personal v es Make: Model:	and other recreational vehicles, other vehicles, and access watercraft, fishing vessels, snowmobiles, motorcycle accessor.  Who has an interest in the property? Check one.	ories  Do not deduct secured cla	d claims on Schedule D ns Secured by Property Current value of t
mµ No Ye	oles: Boats, trailers, motors, personal voc es Make: Model:	who has an interest in the property? Check one.  Debtor 1 only Debtor 1 and Debtor 2 only	Do not deduct secured cla the amount of any secured Creditors Who Have Clain	d claims on Schedule D ns Secured by Property Current value of t
mr No Ye	oles: Boats, trailers, motors, personal voc es Make: Model:	who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another  Check if this is community property (see	Do not deduct secured cla the amount of any secured Creditors Who Have Clain Current value of the entire property?	d claims on Schedule D ns Secured by Property Current Value of t portion you own?
mr No Ye	oles: Boats, trailers, motors, personal vocasions  Make:  Model:  Year:  Other information:	who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another  Check if this is community property (see	Do not deduct secured clathe amount of any secured Creditors Who Have Clain  Current value of the entire property?  \$  Do not deduct secured cla	d claims on Schedule Dear Secured by Property  Current value of to portion you own?  \$
mr No Ye	oles: Boats, trailers, motors, personal voces  Make: Model: Year: Other information:	watercraft, fishing vessels, snowmobiles, motorcycle accessors  Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)	Do not deduct secured cla the amount of any securee Creditors Who Have Clain Current value of the entire property?  \$  Do not deduct secured cla the amount of any securee	d claims on Schedule Dear Secured by Property  Current value of to portion you own?  \$
mµ No Ye	oles: Boats, trailers, motors, personal voces  Make: Model: Other information:  own or have more than one, list here:  Make: Model:	watercraft, fishing vessels, snowmobiles, motorcycle accessor  Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Do not deduct secured clathe amount of any securer Creditors Who Have Clain  Current value of the entire property?  \$  Do not deduct secured clathe amount of any securer Creditors Who Have Clain	d claims on Schedule Das Secured by Property  Current value of t portion you own?  \$
mµ No Ye	oles: Boats, trailers, motors, personal voles  Make:  Model:  Year: Other information:  own or have more than one, list here:  Make: Model:  Year:	who has an interest in the property? Check one.  Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one.	Do not deduct secured cla the amount of any securee Creditors Who Have Clain Current value of the entire property?  \$  Do not deduct secured cla the amount of any securee	d claims on Schedule D ns Secured by Property  Current value of t portion you own?  \$  itims or exemptions. Put d claims on Schedule D ns Secured by Property.  Current value of t
mr No Ye	oles: Boats, trailers, motors, personal voces  Make: Model: Other information:  own or have more than one, list here:  Make: Model:	watercraft, fishing vessels, snowmobiles, motorcycle accessor  Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Do not deduct secured clathe amount of any secured Creditors Who Have Clain  Current value of the entire property?  \$  Do not deduct secured clathe amount of any secured Creditors Who Have Clain  Current value of the	d claims on Schedule D ns Secured by Property  Current value of t portion you own?  \$
mµ No Ye	oles: Boats, trailers, motors, personal voles  Make:  Model:  Year: Other information:  own or have more than one, list here:  Make: Model:  Year:	who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one.  Check if this is community property (see instructions)	Do not deduct secured clathe amount of any secured Creditors Who Have Clain  Current value of the entire property?  \$  Do not deduct secured clathe amount of any secured Creditors Who Have Clain  Current value of the	d claims on Schedule Das Secured by Property  Current value of t portion you own?  \$  aims or exemptions. Put d claims on Schedule Das Secured by Property  Current value of t
mµ No Ye	oles: Boats, trailers, motors, personal voles  Make:  Model:  Year: Other information:  own or have more than one, list here:  Make: Model:  Year:	who has an interest in the property? Check one.  Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one.	Do not deduct secured clathe amount of any secured Creditors Who Have Clain  Current value of the entire property?  \$  Do not deduct secured clathe amount of any secured Creditors Who Have Clain  Current value of the	d claims on Schedule Ens Secured by Property  Current value of t portion you own?  \$  ims or exemptions. Put d claims on Schedule Ens Secured by Property  Current value of t

Debtor 1

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Debtor 1

JEZABEL SUAREZ GARCIA

First Name	Middle Name	Last Name	
riist ivame	Middle Hattie	Lastitalie	

Case number (if known)	_
------------------------	---

P	art 3:	Describe You	r Personal and Household Items		
D	you o	wn or have any l	egal or equitable interest in any of the following items?	Current va portion you Do not dedu or exemption	u own? ct secured claims
6	House	hold goods and	furnishings		
υ.		•	nces, furniture, linens, china, kitchenware		
	☐ No	•	many and account to the control of t	. 1	
	<b>☑</b> Ye	s. Describe	LIVING ROOM FURNITURE SET	\$	1,500.00
7.	Electro	onics			
	Examp		and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music electronic devices including cell phones, cameras, media players, games		
	☐ No		والمستقد المراجعة والمستقد والم والمستقد والمستقد والمستقد والمستقد والمستقد والمستقد والمستد		
	☑ Ye	s. Describe	TELEVISION	\$	300.00
8.	Collect	tibles of value		. « i	
		stamp, coin,	figurines; paintings, prints, or other artwork; books, pictures, or other art objects; or baseball card collections; other collections, memorabilia, collectibles		
	☑ No		production of the control of the con	11	
	<b>└</b> Ye:	s. Describe		\$	
9.	Equipn	nent for sports a			
	Examp		ographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes carpentry tools; musical instruments		
	☑ No				
	☐ Ye	s. Describe		\$	
10.	Firearn	ns	<u></u>	!	
	Examp	les: Pistols, rifles,	shotguns, ammunition, and related equipment		
	☑ No		. The second	13	
	☐ Yes	s. Describe		\$	
11.	Clothe	5		i	
	Examp	les: Everyday clo	thes, furs, leather coats, designer wear, shoes, accessories		
	☐ No				
	☑ Yes	s. Describe	EVERYDAY CLOTHES	\$	200.00
12.	Jewelr	y			
	Examp	les: Everyday jew gold, silver	elry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,		
	☐ No		professional control of the control	1	
	☑ Yes	s. Describe	EVERYDAY JEWELRY	\$	150.00
13.		rm animals			
		les: Dogs, cats, b	rds, horses		
	☑ No	s. Describe		7	
	u res	s. Describe		\$	
14.		ner personal and	household items you did not already list, including any health aids you did not list		
	☑ No		en de la companya de	7	
		s. Give specific rmation.		\$	<del></del>
15.		,	all of your entries from Part 3, including any entries for pages you have attached	T.	2,150.00
	for Par	t 3. Write that nu	mber here	"	۲, ۱۵۵.۵۵

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Debtor 1

JEZABEL	SUAREZ	GARCIA	
First Name	Middle Name	Last Name	

Case number	if known)	

Do you own or have any	legal or equitable interest in	any of the following?	Current value of the portion you own?  Do not deduct secured claims or exemptions.
	have in your wallet, in your hor	ne, in a safe deposit box, and on hand when you file your petition	
<b>☑</b> No ☐ Yes		Cash:	\$
		unts; certificates of deposit; shares in credit unions, brokerage hous ultiple accounts with the same institution, list each.	es,
☐ Yes		Institution name:	
	17.1. Checking account:	U.S. BANK	
	17.2. Checking account:		
	17.3. Savings account:		\$
	17.4. Savings account:		\$
	17.5. Certificates of deposit:		\$
	17.6. Other financial account:		\$
	17.7. Other financial account:		\$
	17.8. Other financial account:		_ \$
	17.9. Other financial account:		\$
•	Institution or issuer name:	erage firms, money market accounts	
			·
19. Non-publicly traded s an LLC, partnership, a ☑ No ☐ Yes. Give specific information about	and joint venture  Name of entity:	rated and unincorporated businesses, including an interest in $$\%$$ of ownership: $0\%$ $$\%$$	\$
them			\$
			\$

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Case number (if known)

JEZABEL SUAREZ GARCIA

Debtor 1

Middle Name First Name 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☑ No Issuer name: ☐ Yes. Give specific information about them..... 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ☑ No Yes. List each account separately. Type of account: Institution name: 401(k) or similar plan: Pension plan: IRA: Retirement account: Keogh: Additional account: Additional account: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No ☐ Yes..... Institution name or individual: Electric: Gas: Heating oil: Security deposit on rental unit: Prepaid rent: Telephone Water: Rented furniture: Other: 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) Z No Yes ...... Issuer name and description:

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Debtor 1	JEZABEL SUAR	REZ GARCIA	Case number (if known)	
Dentol I	First Name Middle 1			
24 Intores	te in an adjucation IRA	in an account in a qualified AB	BLE program, or under a qualified state tuition program.	
	i.C. §§ 530(b)(1), 529A(			
☑ No		-,,		
_				•
☐ Ye:	s	Institution name and description.	Separately file the records of any interests.11 U.S.C. § 521(	<b>;)</b> :
				\$
				•
				P
				\$
			nything listed in line 1), and rights or powers	
exerci	sable for your benefit			
🗹 No				
☐ Yes	s. Give specific			
	ormation about them			\$
		an again again. The second of	and the second of the second o	
26. Patent	s, copyrights, tradema	arks, trade secrets, and other int	tellectual property	
		mes, websites, proceeds from roya		
☑ No				
	s. Give specific	The second secon	and the second of the second o	
	ormation about them			\$
		e de la companya de	and the second of the second o	*
27 licens	on franchises and of	her general intangibles		
			ociation holdings, liquor licenses, professional licenses	
•	- ·	kalasive licenses, cooperative asso	value of the family of the fam	
<b>☑</b> No	1	man approximate that is a second of the seco	and the second of the second o	
	s. Give specific			•
IIIIC	ormation about them	NAME OF THE PROPERTY OF THE PR	and an analysis of the second	
		_		
Money or	property owed to you	?		Current value of the
				portion you own? Do not deduct secured
				claims or exemptions.
28 Tax ref	unds owed to you			
☑ No	-			
		a constant production of the second		
☐ Yes	s. Give specific informat about them, including		Federal:	\$
	you already filed the re		State:	\$
	and the tax years		Local:	\$
		e commence de la comm	and the second of the second o	Ψ
29. <b>Family</b>				
Exampl	les: Past due or lump su	um alimony, spousal support, child	support, maintenance, divorce settlement, property settleme	nt
🗹 No				
☐ Yes	s. Give specific informat			
	•		Alimony:	\$
			Maintenance:	\$
			Support:	\$
			Divorce settlement:	\$
				¢
			Property settlement:	Ψ
30. Other a	amounts someone ow	es you		
Exampl	<i>les:</i> Unpaid wages, disa	bility insurance payments, disabilit	y benefits, sick pay, vacation pay, workers' compensation,	
	Copiel Committee !	afita, unnaid lagra		
<b>⊢</b> ∧ .	Social Security ben	efits; unpaid loans you made to so	meone else	
☑ No	Social Security ben-	efits; unpaid loans you made to so	meone else	es
	Social Security bening the social Security benin	efits; unpaid loans you made to so		

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JEZABEL SUAREZ GARCIA

Debtor 1

31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No No Yes. Name the insurance company Beneficiary: Surrender or refund value: Company name: of each policy and list its value.... 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No Yes. Give specific information..... 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No ☐ Yes. Describe each claim..... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ☐ Yes. Describe each claim..... 35. Any financial assets you did not already list No No ☐ Yes. Give specific information..... 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached 0.00 for Part 4. Write that number here Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. Yes. Go to line 38. Current value of the portion you own? Do not deduct secured claims or exemptions. 38. Accounts receivable or commissions you already earned No ☐ Yes. Describe... 39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices No ☐ Yes. Describe......

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Debtor 1	JEZABEL First Name	SUAREZ GARCIA Middle Name	A Last Name	Case number (if known	7)	<del> </del>
40. <b>Machin</b>	ery, fixtures, e	quipment, supplies y	ou use in business, and	tools of your trade		
☑ No				and the second s		***
Yes	. Describe					\$
						'
41. Invento						
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<b>—</b> 165	. Describe	yay may saya a sa	and the second second	and the second s		, , ,
	ts in partnersh	ips or joint ventures				
☑ No						
Yes	. Describe	Name of entity:		%	of ownership:	
					%	\$
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					%	\$
						· <u></u>
43. Custom	ner lists, mailir	g lists, or other com	pilations			
	. Do your lists	include personally id	dentifiable information (a	s defined in 11 U.S.C. § 101(41A))?		
	□ No					
	Yes. Desc	ribe	The second of th	en ja maran kan maran kan maran ja maran kan maran		
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					and a state of the state of	
	siness-related	property you did not	t already list			
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for Part	5. Write that r	iumber here	••••••		→	
Part 6:			mercial Fishing-Relate armland, list it in Part 1.	ed Property You Own or Have	an Interest I	1 <b>.</b>
						<del></del>
		ny legal or equitable	interest in any farm- or c	ommercial fishing-related property	<b>y</b> ?	
	Go to Part 7. Go to line 47.					
<b>—</b> 165.	. Go to line 47.					
						Current value of the portion you own?
						Do not deduct secured claims
						or exemptions.
17. Farm an						
	es: Livestock, p	oultry, farm-raised fish	ı			
☑ No						
Yes.		and the transfer of the state o	A CONTRACTOR OF THE CONTRACTOR			
						e
						· Ψ

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Debtor 1	JEZABEL SUAREZ GARCIA			Case number (if known)			
200101	First Name Middle Name Last Name						
3. Crops	either growing or harvested						
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	AND METHOD AND THE PROPERTY OF			and the second second second second second		Ψ	
Farm and ☑ No	d fishing equipment, implements, machinery, fixtu	res, and tool	s of trade				
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						\$	
. Farm and	d fishing supplies, chemicals, and feed	AN ARROWALD IN AN ARROW IN A	and the second second second	The second secon		-	
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	n- and commercial fishing-related property you dic	i not already	list				
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	nation					\$	
Add the	dollar value of all of your entries from Part 6, inclu	uding any enf	tries for page	s you have attached		<u> </u>	0.00
	6. Write that number here					\$	
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	nation					\$	
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	time description of the second	The second second second second	a na a seen na an	and the second s		<u></u>	
Add the	dollar value of all of your entries from Part 7. Write	that number	r here		→	\$	0.00
art 8:	List the Totals of Each Part of this For	m					
Part 1: To	otal real estate, line 2				······ →	\$	0.00
Part 2: To	otal vehicles, line 5	\$	0.00	) -			
. Part 3: To	otal personal and household items, line 15	\$	2,150.00	<u>.</u>			
.Part 4: To	otal financial assets, line 36	\$	0.00	) -			
. Part 5: To	otal business-related property, line 45	\$	0.00	<u>-</u>			
. Part 6: To	otal farm- and fishing-related property, line 52	\$	0.00	  -			
. Part 7: To	otal other property not listed, line 54	+\$	0.00	  -  -			
Total pers	sonal property. Add lines 56 through 61	\$	2,150.00	Copy personal property	total →	+ \$	2,150.00
Total of a	Il property on Schedule A/B. Add line 55 + line 62					•	2,150.00
· viai vi a	in property on Schedule AVD. Add line 35 + IINE 62		•••••			<del></del>	

-					
Fill		ation to identify your case:			
Del	btor 1 JEZ	ABEL SUAREZ GARCIA  middle Name	Last Name		
	btor 2 ouse, if filing) First Na	ame Middle Name	Last Name		
ĺ		iptcy Court for the: DISTRICT OF	NEVADA		
	se number	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			☐ Check if this is an
	known)				amended filing
Off	ficial Forr	n 106C			
Sc	chedul	e C: The Proj	perty You	Claim as Exempt	04/16
Using space	g the property y e is needed, fill	ou listed on Schedule A/B: Prop	perty (Official Form 106A	gether, both are equally responsible for sA/B) as your source, list the property that additional Page as necessary. On the top	you claim as exempt. If more
spec of an retire limit	cific dollar amo ny applicable s ement funds—i s the exemptio	unt as exempt. Alternatively, tatutory limit. Some exemptio may be unlimited in dollar am	you may claim the full ons—such as those for nount. However, if you nt and the value of the	amount of the exemption you claim. Or I fair market value of the property being I health aids, rights to receive certain to claim an exemption of 100% of fair ma property is determined to exceed that	g exempted up to the amount penefits, and tax-exempt irket value under a law that
Pa	rt 1:   Identi	fy the Property You Claim	ı as Exempt		
	☑ You are clai	kemptions are you claiming? iming state and federal nonbanl iming federal exemptions. 11 U ty you list on Schedule A/B th	kruptcy exemptions. 11 J.S.C. § 522(b)(2)	· · ·	
		on of the property and line on that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
			Copy the value from Schedule A/B	Check only one box for each exemption.	
	Brief	DODGE CARVAN	44 500 00		
		DODOL O/ II V/ II V	\$ 11,500.00	□s	Nev. Rev. Stat. AnnMO,
	description: Line from		\$ <u>11,500.00</u>	\$ \$ 100% of fair market value, up to	Nev. Rev. Stat. AnnMO, §21.090(1)(p).
	-	3.1	\$ 11,500.00	· <del></del>	
	Line from Schedule A/B:	3.1	\$ <u>11,500.00</u> \$1,500.00	100% of fair market value, up to	§21.090(1)(p).  Nev. Rev. Stat. Ann.
	Line from Schedule A/B:			✓ 100% of fair market value, up to any applicable statutory limit  100% of fair market value, up to any applicable statutory limit  100% of fair market value, up to any applicable statutory limit  100% of fair market value, up to any applicable statutory limit  100% of fair market value, up to any applicable statutory limit  100% of fair market value, up to any applicable statutory limit  100% of fair market value, up to any applicable statutory limit  100% of fair market value, up to any applicable statutory limit  100% of fair market value, up to any applicable statutory limit  100% of fair market value, up to any applicable statutory limit  100% of fair market value, up to any applicable statutory limit  100% of fair market value statutor	§21.090(1)(p).
	Line from Schedule A/B: Brief description: Line from Schedule A/B: Brief	3.1		<ul> <li>✓ 100% of fair market value, up to any applicable statutory limit</li> <li>✓ \$</li> <li>✓ 100% of fair market value, up to any applicable statutory limit</li> </ul>	§21.090(1)(p).  Nev. Rev. Stat. Ann.
	Line from Schedule A/B: Brief description: Line from Schedule A/B:	3.1  LIVING FURNITURE 6  TELEVISION	\$ <u>1,500.00</u>	<ul> <li>✓ 100% of fair market value, up to any applicable statutory limit</li> <li>□ \$</li> <li>✓ 100% of fair market value, up to</li> </ul>	§21.090(1)(p).  Nev. Rev. Stat. Ann. §21.090(1)(b)

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Debtor 1

JEZABEL SUAREZ GARCIA
First Name Middle Name Last Name

Case number (if known)	
------------------------	--

**Additional Page** 

	on of the property and line /B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description: Line from	CLOTHES 11	\$200.00	□ \$ \$ 100% of fair market value, up to any applicable statutory limit	Nev. Rev. Stat. Ann. §21.090(1)(b)
Schedule A/B: Brief	JEWELRY	<b>\$</b> 150.00	s	Nev. Rev. Stat. Ann. §21.090
description: Line from Schedule A/B:	12	ψ <u>100.00</u>	100% of fair market value, up to any applicable statutory limit	(1)(a)
Brief description:		\$	□ \$ □ 100% of fair market value, up to	
Line from Schedule A/B:			any applicable statutory limit	
Brief description: Line from Schedule A/B:		\$	□ \$ to some statutory limit	
Brief description:		\$	\$ \$ 100% of fair market value, up to	
Line from Schedule A/B:			any applicable statutory limit	
Brief description:		\$	\$ \$ 100% of fair market value, up to	
Line from Schedule A/B:			any applicable statutory limit	
Brief description: Line from		\$	\$ 100% of fair market value, up to	
Schedule A/B: Brief		œ.	any applicable statutory limit	
description: Line from Schedule A/B:		\$	□ \$ □ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	\$\$	
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Brief description:		\$	\$ \$ 100% of fair market value, up to	
Line from Schedule A/B:			any applicable statutory limit	
Brief description:		\$	\$ 100% of fair market value, up to	
Schedule A/B:	<del></del>		any applicable statutory limit	
Brief description:		\$	\$ \$ 100% of fair market value, up to	
Line from Schedule A/B:			any applicable statutory limit	

Fill in this information to identify your cas	e:			
Debtor 1 JEZABEL SUAREZ GAR				
First Name Middle N  Debtor 2				
(Spouse, if filing) First Name Middle N				
United States Bankruptcy Court for the: DISTRIC	I OF NEVADA			
Case number (If known)			☐ Check	
			amend	ed filing
Official Form 106D				
	s Who Have Claims Secur	ed by Pron	ertv	12/15
information. If more space is needed, copy additional pages, write your name and case.  1. Do any creditors have claims secured by		and attach it to this	form. On the top of	any
Yes. Fill in all of the information below.		ng cise to report on t	10 101111.	
Part 1: List All Secured Claims				
for each claim. If more than one creditor h	nore than one secured claim, list the creditor separately as a particular claim, list the other creditors in Part 2. nabetical order according to the creditor's name.	Column A  Amount of claim  Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
CHASE MORTGAGE	Describe the property that secures the claim:	\$6	\$	\$
Creditor's Name 700 KANSAS LANE	номе			
Number Street	As of the date you file, the claim is: Check all that apply	_		
	Contingent			
MONROE LA 71203 City State ZIP Code	☐ Unliquidated			
<b></b>	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
☐ Debtor 1 only ☐ Debtor 2 only	An agreement you made (such as mortgage or secured car loan)			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a	Other (including a right to offset)	-		
community debt				
Date debt was incurred	Last 4 digits of account number	z , withwarewistan - transperintational existing excessive continues	alaktivis salais menerial terakkanan til tess, sokkele stanssakan kalaktara kanginera til meneti.	on a think has been been a second of the manager been
UNIFY FCU	Describe the property that secures the claim:	\$ 18,322.00	\$	\$
Creditor's Name 1899 WESTERN WAY	DODGE CARAVAN			
Number Street	As of the date you file, the claim is: Check all that apply.			
	Contingent			
TORRANCE CA 90501	Unliquidated			
City State ZIP Code	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or secured			
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit			
At least one of the debtors and another	Other (including a right to offset)			
☐ Check if this claim relates to a community debt  Date debt was incurred	Last 4 digits of account number	-	_	
and comment of the automorphism and the substitution of the substi	Column A on this page. Write that number here:	6 (8327 d	Bear Partition well as plackage as a reconstruction of the colorest contrast of the result of	Day Paloci - Mocil - exc. do 2,74 (Naisalasse Frances Per

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Case number (if kno

JEZABEL SUAREZ GARCIA

Debtor 1 Column C Column A Column B **Additional Page** Unsecured Value of collateral **Amount of claim** After listing any entries on this page, number them beginning with 2.3, followed Part 1: portion that supports this Do not deduct the claim by 2.4, and so forth. If any value of collateral. Describe the property that secures the claim: Creditor's Name Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated City State ZIP Code ☐ Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. Debtor 1 only An agreement you made (such as mortgage or secured Debtor 2 only Statutory lien (such as tax lien, mechanic's lien) Debtor 1 and Debtor 2 only Judgment lien from a lawsuit At least one of the debtors and another Other (including a right to offset) Check if this claim relates to a community debt Last 4 digits of account number Date debt was incurred Describe the property that secures the claim: Creditor's Name Number Street As of the date you file, the claim is: Check all that apply. Contingent ☐ Unliquidated ZIP Code Disputed Who owes the debt? Check one Nature of lien. Check all that apply. Debtor 1 only An agreement you made (such as mortgage or secured Debtor 2 only car loan) Statutory lien (such as tax lien, mechanic's lien) Debtor 1 and Debtor 2 only At least one of the debtors and another Judgment lien from a lawsuit Other (including a right to offset) ☐ Check if this claim relates to a community debt Date debt was incurred Last 4 digits of account number Describe the property that secures the claim: Creditor's Name Number Street As of the date you file, the claim is: Check all that apply. ☐ Contingent ☐ Unliquidated ZIP Code State ☐ Disputed Who owes the debt? Check one Nature of lien. Check all that apply. Debtor 1 only An agreement you made (such as mortgage or secured Debtor 2 only car loan) Statutory lien (such as tax lien, mechanic's lien) Debtor 1 and Debtor 2 only Judgment lien from a lawsuit At least one of the debtors and another Other (including a right to offset) Check if this claim relates to a community debt Date debt was incurred Last 4 digits of account number \_ Add the dollar value of your entries in Column A on this page. Write that number here: If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

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JEZABEL SUAREZ GARCIA Case number (if known) Debtor 1 List Others to Be Notified for a Debt That You Already Listed Part 2: Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page. On which line in Part 1 did you enter the creditor? \_\_\_\_\_ Name Last 4 digits of account number \_\_\_ \_\_ \_\_\_ Number Street City State ZIP Code On which line in Part 1 did you enter the creditor? \_\_\_ Last 4 digits of account number \_\_\_\_ \_\_\_ Name Number Street ZIP Code City State On which line in Part 1 did you enter the creditor? \_\_\_\_ Name Last 4 digits of account number \_\_\_ \_\_ \_\_ Number Street City State ZIP Code On which line in Part 1 did you enter the creditor? Name Last 4 digits of account number \_\_\_ \_\_ \_\_ Number Street City State ZIP Code On which line in Part 1 did you enter the creditor? \_\_\_\_\_ Last 4 digits of account number \_\_\_ \_\_ \_\_ Name Number Street City State ZIP Code On which line in Part 1 did you enter the creditor? \_\_\_\_ Name Last 4 digits of account number \_\_\_ \_\_ Number Street City State ZIP Code

Fill in this i	nformation to identify	vour case:						
Debtor 1	JEZABEL SUARE			4 - 11	···			
<b>.</b>	First Name	Middle Name		Last Name				
Debtor 2 (Spouse, if filing	J) First Name	Middle Name		Last Name	<del></del>			
		DICTRICT OF NE	/ A D	٨				
United States	Bankruptcy Court for the:	DISTRICT OF NE	=VAD	A			☐ Che	ck if this is an
Case number								nded filing
(If known)								J
Official	Form 106E/F							
		ditors W	/hc	Have Un	secured Clai	ms		12/15
Be as comple	ete and accurate as po	ssible. Use Part	1 for	creditors with PRIO	RITY claims and Part 2 folds result in a claim. Also	or creditors wil	n NONPRIORI	i Y Ciaims. Chedule
A/R: Propert	r party to any executor v (Official Form 106A/E	ry contracts or u 3) and on <i>Sched</i> :	inexp ule G	: Executory Contrac	ts and Unexpired Leases	(Official Form	106G). Do not	include any
creditors wit	h partially secured cla	ims that are liste	d in	Schedule D: Credito	rs Who Have Claims Sec	ured by Proper	<i>ty</i> . If more spa	ce is
needed, copy	y the Part you need, fil	l it out, number t	the e	ntries in the boxes o	n the left. Attach the Cor	ntinuation Page	to this page. (	On the top of
any addition	al pages, write your na	me and case nu	mber	(IT Known).				
Part 1: L	ist All of Your PRIO	RITY Unsecure	ed C	laims				
1 Do any c	reditors have priority u	insecured claims	s aga	inst you?			······································	
	o to Part 2.		- <del></del> -					
Yes.	o to r ant z.							
	f vour priority upsocur	od claims If a cr	editor	has more than one o	riority unsecured claim, lis	t the creditor ser	parately for eac	h claim. For
each clain	n listed, identify what type	pe of claim it is. If	a clai	m has both priority ar	id noripriority amounts, list	that claim here	and show both	priority and
nonpriority	v amounts. As much as	possible, list the c	claims	in alphabetical order	according to the creditor's	name. If you ha	ive more than ti	wo priority
					editor holds a particular cla	im, list the other	creditors in Pa	rt 3.
(For an ex	cplanation of each type of	of claim, see the in	nstruc	ctions for this form in t	he instruction booklet.)			
						Total claim	Priority	Nonpriority amount
<del></del>							amount	amount
2.1			1 20	et 4 digits of account	number	\$	\$	\$
Priority Cre	editor's Name		La	st 4 digits of account		• '		
			Wh	en was the debt incu	rred?			
Number	Street							
			As	of the date you file, the	ne claim is: Check all that ap	ply.		
City	State	ZIP Code		Contingent				
•				Unliquidated				
	urred the debt? Check or	1e.		Disputed				
☐ Debto	-		Tv	on of DDIODITY upon	neurod claim:			
	or 2 only or 1 and Debtor 2 only			pe of PRIORITY unse				
_	ist one of the debtors and a	nother		Domestic support obliga				
	k if this claim is for a co				debts you owe the governme	nt		
		mmunity debt		Claims for death or persintoxicated	sonal injury while you were			
_	aim subject to offset?							
☐ No ☐ Yes			_					
A HOURSON AND STREET	ogggggsyani. I in it in an tionsage is an integral title with not allebet with the	ender the agree of the section of the section of the section of			and the second section of the second section is a second section of the section of the second section of the s			
2.2 December Con	ditor's Name		Las	st 4 digits of account	number	. \$	\$	_ \$
Priority Cre	onor's Name		Wh	en was the debt incu	rred?			
Number	Street							
	·		As	of the date you file, the	ne claim is: Check all that ap	ply.		
				Contingent				
City	State	ZIP Code		Unliquidated				
Who inc	urred the debt? Check or	ıe.		Disputed				
Debto	· ·		Tv	oe of PRIORITY unse	ecured claim			
Debto	•			Domestic support obliga				
	or 1 and Debtor 2 only			-	debts you owe the governme	nt		
🔲 At lea	st one of the debtors and a	nother			conal injury while you were			
☐ Chec	k If this claim is for a co	mmunity debt	_	intoxicated	onal injury write you were			
Is the cla	aim subject to offset?							
☐ No	•				77911 11	_		
Yes								

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JEZABEL SUAREZ GARCIA Debtor 1 Your PRIORITY Unsecured Claims — Continuation Page Part 1: After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. **Total claim Priority** Nonpriority amount amount Last 4 digits of account number \_\_\_ \_\_ \_\_ Priority Creditor's Name When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Who incurred the debt? Check one. Type of PRIORITY unsecured claim: Debtor 1 only Debtor 2 only ■ Domestic support obligations Debtor 1 and Debtor 2 only ☐ Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were intoxicated ☐ Check if this claim is for a community debt Other, Specify is the claim subject to offset? ☐ No Yes Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Street Number As of the date you file, the claim is: Check all that apply. ZIP Code Unliquidated Disputed Who incurred the debt? Check one. Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only ■ Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government lacksquare At least one of the debtors and another Claims for death or personal injury while you were intoxicated ☐ Check if this claim is for a community debt Other, Specify Is the claim subject to offset? ☐ No Yes Last 4 digits of account number \_\_\_ \_\_\_\_ Priority Creditor's Name When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent ZIP Code Unliquidated Disputed Who incurred the debt? Check one. Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only ■ Domestic support obligations Debtor 1 and Debtor 2 only ☐ Taxes and certain other debts you owe the government ☐ At least one of the debtors and another ☐ Claims for death or personal injury while you were intoxicated ☐ Check if this claim is for a community debt Other, Specify Is the claim subject to offset? ☐ No ☐ Yes

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Debtor 1	JEZABEL SUAREZ GARCIA First Name Middle Name Last Name	Case number (# known)
Part 2:	List All of Your NONPRIORITY Unsecu	red Claims
	y creditors have nonpriority unsecured claims b. You have nothing to report in this part. Submit is	
nonpri include	ority unsecured claim, list the creditor separately	alphabetical order of the creditor who holds each claim. If a creditor has more than one for each claim. For each claim listed, identify what type of claim it is. Do not list claims already ticular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured

_				Tota	ai claim
BANK OF MISSOURI	_ <del>_</del>		Last 4 digits of account number	•	419.00
Nonpriority Creditor's Name 5109 S BROADBAND LA	ANE		When was the debt incurred?	Ψ	
Number Street	CD.	57109			
SIOUX FALLS City	SD_State	ZIP Code	As of the date you file, the claim is: Check all that apply.		
Who incurred the debt? Check  ☑ Debtor 1 only ☐ Debtor 2 only	one.		<ul><li>□ Contingent</li><li>□ Unliquidated</li><li>□ Disputed</li></ul>		
Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
At least one of the debtors and	another		☐ Student loans		
☐ Check if this claim is for a	community debt		<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>		
Is the claim subject to offset? ☑ No ☐ Yes			Debts to pension or profit-sharing plans, and other similar debts  Other. Specify CREDIT CARD	3	
CAPITAL ONE BANK OF	Ε ΙΙςΔ ΝΔ	فيطوف والمفاهر والمدار والمساور والمراز والمتاكث فيا والمواجور	Last 4 digits of account number	\$	5,264.00
Nonpriority Creditor's Name	- OOA IVA		When was the debt incurred?		
PO BOX 30281 _					
Number Street SALT LAKE CITY	UT	84130	As of the date you file, the claim is: Check all that apply.		
Who incurred the debt? Check of Debtor 1 only □ Debtor 2 only	State	ZIP Code	☐ Contingent ☐ Unliquidated ☐ Disputed		
Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
☐ At least one of the debtors and☐ Check if this claim is for a c			☐ Student loans ☐ Obligations arising out of a separation agreement or divorce		
Is the claim subject to offset?  No  Yes	ommunity debt		that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify CREDIT CARD		
CREDIT ONE BANK	enga Perusa kecamatan panjahasi seriah pasakan salah sal	e territorio de la composição de la comp	Last 4 digits of account number	me andre spira	1,116.0
Nonpriority Creditor's Name			When was the debt incurred?	\$	1,110.00
PO BOX 98872			<del></del>		
Number Street LAS VEGAS City	NV State	89193 ZIP Code	- As of the date you file, the claim is: Check all that apply.		
•		ZIP Code	☐ Contingent		
Who incurred the debt? Check of	one.		☐ Unliquidated		
Debtor 1 only			☐ Disputed		
☐ Debtor 2 only☐ Debtor 2 only☐					
At least one of the debtors and	another		Type of NONPRIORITY unsecured claim:		
☐ Check if this claim is for a c			<ul><li>Student loans</li><li>Obligations arising out of a separation agreement or divorce</li></ul>		
Is the claim subject to offset?	-,		that you did not report as priority claims		
No			☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify CREDIT CARD		

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Debtor 1

JEZABEL SUAREZ GARCIA
First Name Middle Name

	,	,, ,	 ٠.	٠,
t Name	Midd	le Name	 _	_

Last Name

Case number (if known)\_

Dark 2	
rail L	

Afte	r listing any entries on this page, nu	mber the	m beginning with	n 4.4, followed by 4.5, and so forth.	Total claim
4.4	DUVERA			Last 4 digits of account number	s <u>180.00</u>
	Nonpriority Creditor's Name 1910 PALOMAR POINT WAY	STE 10	)1	When was the debt incurred?	
	Number Street CARLSBAD	CA	92008	As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code	Contingent	
	Who incurred the debt? Check one.			Unliquidated	
	_			☐ Disputed	
	Debtor 1 only  Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only			☐ Student loans	
	At least one of the debtors and another			Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a commu	nity deht		you did not report as priority claims	
		inty debt		Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?			Other. Specify SALES CONTRACT	
	☑ No □ Yes				
4.5	AD ASTRA RECOVERY SER	VICE	magagangan daga manga mangalang at ang 1992 ang kangangahinan sa	Last 4 digits of account number	<u>\$_1,746.00</u>
	Nonpriority Creditor's Name	1102			
	7330 W 33RD ST N STE 118			When was the debt incurred?	
	Number Street			As of the date you file, the claim is: Check all that apply.	
	WICHITA	KS	67205 ZIP Code		
	City	State	ZIP Code	Contingent Unliquidated	
	Who incurred the debt? Check one.			Disputed	
	Debtor 1 only				
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only			Student loans	
	At least one of the debtors and another			Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a commu	nitv debt		you did not report as priority claims	
	Is the claim subject to offset?	•		☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify COLLECTION	
	,			☑ Other Specify COLLECTION	
	☑ No □ Yes				
4.6	ALLIED COLLECTION SVCS	a fin a capata n <del>egati</del> k op nega ahiyatur	grove - Dimension of the groups of the control of the first	Last 4 digits of account number	s 172.00
	Nonpriority Creditor's Name				
	3080 S DURANGO DR STE 2	08		- When was the dept incurred?	
	Number Street LAS VEGAS	NV	89117	As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code	Contingent	
	Who incurred the debt? Check one.			Unliquidated	
	Debtor 1 only			☐ Disputed	
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only				
	☐ At least one of the debtors and another			<ul> <li>         ☐ Student loans     </li> <li>         ☐ Obligations arising out of a separation agreement or divorce that     </li> </ul>	
	☐ Check if this claim is for a commu	nity debt		you did not report as priority claims	
		nty debt		Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?			Other. Specify COLLECTION	
	☑ No ☐ Yes				

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Debtor 1

JEZABEL SUAREZ GARCIA

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rst N	ame		Middle	Nar	n

Case number (# known)\_\_

Part 2:			
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		311.5	4

Afte	er listing any entries on this page, nu	mber the	em beginning wit	h 4.4, followed by 4.5, and so forth.	Tot	al claim
4.1	HP SEARS			Last 4 digits of account number	\$	60.00
	Nonpriority Creditor's Name			When was the debt incurred?		
	PO BOX 2307 Number Street		93303	— As of the date you file, the claim is: Check all that apply.		
	BAKERSFIELD	CA State	ZIP Code	_ ☐ Contingent		
	O.I.	J	_, +	☐ Unliquidated		
	Who incurred the debt? Check one.			☐ Disputed		
	Debtor 1 only					
	Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	Debtor 1 and Debtor 2 only			☐ Student loans		
	At least one of the debtors and another			Obligations arising out of a separation agreement or divorce that		
	☐ Check if this claim is for a commu	nity debt		you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts		
	Is the claim subject to offset?			Other. Specify COLLECTION		
	☑ No ☐ Yes				acontectivity fictors (A)	MANUTUS CONTRACTOR
4.90	IQ DATA INT'L INC			Last 4 digits of account number	<u>\$_2</u>	,818.00
	Nonpriority Creditor's Name PO BOX 340			When was the debt incurred?		
	Number Street BOTHELL	WA	98041	As of the date you file, the claim is: Check all that apply.		
	City	State	ZIP Code	Contingent		
				☐ Unliquidated		
	Who incurred the debt? Check one.			☐ Disputed		
	Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	Debtor 1 and Debtor 2 only					
	At least one of the debtors and another			U Student loans		
	☐ Check if this claim is for a community debt			Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
				Debts to pension or profit-sharing plans, and other similar debts		
	Is the claim subject to offset?			Other Specify COLLECTION		
	Mo No □ Yes					
1.9	gyerin, gyangaminyan, wenter wangamingun sulah bagamingahan salahan al-pulah nu un melahusa	gameju zgugagogoty. Provins	sangan sanga		\$	756.00
	MIDLAND FUNDING LLC			Last 4 digits of account number		
	Nonpriority Creditor's Name	T 200		When was the debt incurred?		
	2365 NORTHSIDE DRIVE ST	E 300				
	SAN DIEGO	CA	92108	As of the date you file, the claim is: Check all that apply.		
	City	State	ZIP Code	Contingent		
	Who incurred the debt? Check one.			Unliquidated		
	Debtor 1 only			Disputed		
	Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	Debtor 1 and Debtor 2 only			☐ Student loans		
	At least one of the debtors and another			Obligations arising out of a separation agreement or divorce that		
	☐ Check if this claim is for a commun	nity debt		you did not report as priority claims		
	Is the claim subject to offset?	-		☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify_COLLECTION		
	☑ No ☐ Yes			- Onto. Oponij <u>a - 11214</u>		

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Debtor 1

JEZABEL SUAREZ GARCIA
First Name Middle Name Last Name

rst Name	Middle Name	

Case number	(if known)		_

r listing any entries on this page, numb	er them beginning w	ith 4.4, followed by 4.5, and so forth.	Total claim
PORTFOLIO RECOVERY		Last 4 digits of account number	\$_4,380.0
Nonpriority Creditor's Name 120 CORPORATE BLVD STE 1	00	When was the debt incurred?	
Number Street	/A 23502	As of the date you file, the claim is: Check all that apply.	
City St	ate ZIP Code	Contingent	
Who incurred the debt? Check one.		☐ Unliquidated☐ Disputed	
Debtor 1 only		Disputed	
Debtor 2 only		Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only		Student loans	
At least one of the debtors and another		Obligations arising out of a separation agreement or divorce that	
☐ Check If this claim is for a community	debt	you did not report as priority claims	
Is the claim subject to offset?		☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify COLLECTION	
☑ No □ Yes		, , , , , , , , , , , , , , , , , , , ,	
SW CREDIT SYSTEMS L.P.	ana ja engiguna dagnara a - era esta engana a era . Er enterenda a	Last 4 digits of account number	\$ <u>1,478.</u> (
Nonpriority Creditor's Name 4120 INTERNATIONAL PKWY S	STE 1100	When was the debt incurred?	
Number Street CARROLLTON 7	X 75007	As of the date you file, the claim is: Check all that apply.	
	ate ZIP Code	Contingent	
•		Unliquidated	
Who incurred the debt? Check one.		☐ Disputed	
Debtor 1 only		Type of NONDDIODITY unsecured claim:	
Debtor 2 only Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured claim:	
At least one of the debtors and another		<ul> <li>Student loans</li> <li>Obligations arising out of a separation agreement or divorce that</li> </ul>	
_	dobt	you did not report as priority claims	
Check if this claim is for a community	นะมเ	Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?		Other. Specify COLLECTION	
☑ No ☑ Yes			
OPORTUN INC/PROGRESSOR	n de kilg ggegendegte film en et en kilg omgangene i men kom det ett filme.	Last 4 digits of account number	\$ 907.00
Nonpriority Creditor's Name	<u> </u>	Miles was the debt is some 12	
3201 DALLAS PKWY		When was the debt incurred?	
Number Street FRISCO T	X 75034	As of the date you file, the claim is: Check all that apply.	
City Sta		Contiπgent	
M/ho incurred the debt2 Cheek		Unliquidated	
Who incurred the debt? Check one.		☐ Disputed	
Debtor 1 only Debtor 2 only		Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only		Student loans	
At least one of the debtors and another		<ul><li>Student loans</li><li>Obligations arising out of a separation agreement or divorce that</li></ul>	
Check if this claim is for a community	debt	you did not report as priority claims	
Is the claim subject to offset?	_ <del></del>	Debts to pension or profit-sharing plans, and other similar debts	
☑ No ☑ Yes		Other. Specify INSTALLMENT LOAN	

Debtor 1

JEZABEL SUAREZ GARCIA

ZANDEL	SUANLE	GAINCIA
rst Name	Middle Name	Last Name

Case number (if known)\_\_\_\_\_

Part 2:

	r listing any entries on this page,				
4.13	PIONEER MCB Nonpriority Creditor's Name 3240 E TROPICANA			Last 4 digits of account number  When was the debt incurred?	\$ <u>1,450.00</u>
	Number Street			— As of the date you file, the claim is: Check all that apply.	
	LAS VEGAS	NV	89121		
	City	State	ZIP Code	☐ Contingent☐ Unliquidated	
	Who incurred the debt? Check one.			Disputed	
	Debtor 1 only			- Supared	
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only			☐ Student loans	
	At least one of the debtors and anot			<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
Check if this claim is for a community debt				Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?			Other. Specify LOAN	
	☐ No ☐ Yes				
	CASH ONE	us en enträgerigspattligde um et bis binge fallsett.	umperen er er er men værenske krimere kriminere i men se men se	Last 4 digits of account number	\$ <u>2,500.0</u>
	Nonpriority Creditor's Name 1995 S NELLIS BLVD STE			When was the debt incurred?	
	Number Street		20115	As of the date you file, the claim is: Check all that apply.	
	LAS VEGAS	NV	89115 ZIP Code	_ ☐ Contingent	
	City	Juic	211 0000	☐ Unliquidated	
	Who incurred the debt? Check one.			Disputed	
	Debtor 1 only			·	
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only			☐ Student loans	
<ul><li>□ At least one of the debtors and another</li><li>□ Check If this claim is for a community debt</li></ul>				Obligations arising out of a separation agreement or divorce that	
				you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?			Other. Specify PAY DAY LOAN	
	☑ No □ Yes				
Ī		nggali i ji nggaya kenagan ininina yi sa kati sabiri	figure - Mine (2) (1997 - 1996) - 1996 - 1997 - 1997 - 1996 - 1996 - 1996 - 1996 - 1996 - 1996 - 1996 - 1996 -	Last 4 digits of account number	<sub>\$</sub> 1,500.00
	CASHLAND Nonpriority Creditor's Name				
	PO BOX 10970			When was the debt incurred?	
	Number Street		00744	— As of the date you file, the claim is: Check all that apply.	
	SANTA ANA	CA State	92711 ZIP Code	Contingent	
	•	e ::::: e*		Unliquidated	
	Who incurred the debt? Check one.			Disputed	
	Debtor 1 only				
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	<ul><li>□ Debtor 1 and Debtor 2 only</li><li>□ At least one of the debtors and anoth</li></ul>	ha-		Student loans	
	_			Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a community debt				you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?			Other. Specify PAY DAY LOAN	

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Debtor 1

JEZABEL SUAREZ GARCIA

ICZADEL	SUAREZ G	ARCIA
Firet Name	Middle Name	Last Name

Case number (if known)\_

Part 3:

#### List Others to Be Notified About a Debt That You Already Listed

JOSEPH DINOIA, ESC	).		On which entry in Part 1 or Part 2 did you list the original creditor?
Name			
7271 W CHARLESTON	N BLVD ST	E 100	Line 4.2 of (Check one): Part 1: Creditors with Priority Unsecured Claims  2 Part 2: Creditors with Nonpriority Unsecured Claims
LAS VEGAS	NV_	89117 ZIP Code	Last 4 digits of account number
City JUSTICE COURT OF I			On which entry in Part 1 or Part 2 did you list the original creditor?
Name	LAO VEGA		
200 LEWIS AVE			Line 4.2 of (Check one): A Part 1: Creditors with Priority Unsecured Claims  A Part 2: Creditors with Nonpriority Unsecured
			Claims
LAS VEGAS	NV State	89101 ZIP Code	Last 4 digits of account number
BOULDER TOWNSHII	P CONSTA	BLE	On which entry in Part 1 or Part 2 did you list the original creditor?
SOS AVENUE G			Line 4.2_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured
			Claims
BOULDER CITY	NV State	89005 ZIP Code	Last 4 digits of account number
RAPID CASH			On which entry in Part 1 or Part 2 did you list the original creditor?
Name PO BOX 780408			Line 4.5 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
Number Street			✓ Part 2: Creditors with Nonpriority Unsecured
	<del></del>		Claims
WICHITA City	KS State	67278 ZIP Code	Last 4 digits of account number
ALAN SOMPHONE ME	)		On which entry in Part 1 or Part 2 did you list the original creditor?
Name 9127 W RUSSLE RD S	STE 110		Line 4.6 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured
			Claims
LAS VEGAS	NV State	89148 ZIP Code	Last 4 digits of account number
CAPITAL ONE BANK L	JSA		On which entry in Part 1 or Part 2 did you list the original creditor?
Name PO BOX 30281			Line 4.10 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured
			Claims
SALT LAKE CITY	UT State	84130 ZIP Code	Last 4 digits of account number
SYNCB/SAMS	प्रदेशीय क्षेत्र कृत्य व क्ष्यकानक्ष्यकृत्युत् कृत्यक्ष्यकात् कर्युत् ।	n e ganabet krypyetter (1981-1964) ergaktigakter (h.b.). <i>ergel</i> a	On which entry in Part 1 or Part 2 did you list the original creditor?
ame			
PO BOX 965005	****		Line 4.9 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  2 Part 2: Creditors with Nonpriority Unsecured
			Claims
ORLANDO	FL	32896	Last 4 digits of account number
City	State	ZIP Code	Edgi + digito di doconiti ilalilipoi

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Debtor 1

JEZABEL SUAREZ GARCIA

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First Name	Middle Name	Last Name

Case number	(if known)		

Part 3:

List Others to Be Notified About a Debt That You Already Listed

GOODNIGHT PEDIATR	ICS		On which entry in Part 1 or Part 2 did you list the original creditor?
Name 2551 N GREEN VALLE	Y PKWY S	TE 425A	Line 4.7 _ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured Claim
HENDERSON	NV State	89014 ZIP Code	Last 4 digits of account number
THE BRISTOL AT SUNS	SET		On which entry in Part 1 or Part 2 dld you list the original creditor?
2001 RAMROD AVE			Line 4.8 of (Check one): Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured  Claims
HENDERSON	NV State	89014 ZIP Code	Last 4 digits of account number
T MOBILE		n i <del>garanggang i n</del> n nome afat nyinya tak <del>a 190</del> ay	On which entry in Part 1 or Part 2 did you list the original creditor?
PO BOX 10970			Line 4.11 of (Check one): Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured  Claims
BELLEVUE	WA State	98015 ZIP Code	Last 4 digits of account number
lame			On which entry in Part 1 or Part 2 did you list the original creditor?
lumber Street			Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured  Claims
iity	State	ZIP Code	Last 4 digits of account number
lame			On which entry in Part 1 or Part 2 did you list the original creditor?
lumber Street			Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims
ity	State	ZIP Code	Last 4 digits of account number
ame	nelva alegeti nati ujelikujek alegetimino	gi (pagata perceptan) alap a minan minangan (a te tilapah) internaja mangangan	On which entry in Part 1 or Part 2 did you list the original creditor?
lumber Street			Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured  Claims
ity	State	ZIP Code	Last 4 digits of account number
lame			On which entry in Part 1 or Part 2 did you list the original creditor?
lumber Street		<del></del>	Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims

State

ZIP Code

Last 4 digits of account number \_

Total claim

Debtor 1

JEZABEL SUAREZ GARCIA

First Name Middle Name Last Name

Case number (if known)\_\_\_\_\_\_

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

			i otal claim	
Total claims from Part 1	6a. Domestic support obligations	6 <b>a</b> .	\$	
	6b. Taxes and certain other debts you owe the government	6 <b>b</b> .	\$	
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$	
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	+ \$	
	6e. <b>Total.</b> Add lines 6a through 6d.	6e.	s	0.00
			Total claim	
Total claims	6f. Student loans	6f.	\$	0.00
from Part 2	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	<ol><li>Other. Add all other nonpriority unsecured claims. Write that amount here.</li></ol>	6i.	+ §	24,746.00
	6j. Total. Add lines 6f through 6i.	6j.	\$	24,746.00

Fill	l in this ir	formation to identify your case:	
Del	btor	JEZABEL SUAREZ-GARCIA First Name Middle Name Last Name	
	btor 2		
	ouse If filing)		
[		Bankruptcy Court for the: DISTRICT OF NEVADA	
	se number known)		Check if this is an amended filing
Off	ficial F	Form 106G	
		ule G: Executory Contracts and	d Unexpired Leases 12/15
		te and accurate as possible. If two married people are filing	
infor	rmation. I	f more space is needed, copy the additional page, fill it out, r ges, write your name and case number (if known).	number the entries, and attach it to this page. On the top of any
4	Do you b	ave any executory contracts or unexpired leases?	
		heck this box and file this form with the court with your other scho	edules. You have nothing else to report on this form.
	Yes.	Fill in all of the information below even if the contracts or leases a	re listed on Schedule A/B: Property (Official Form 106A/B).
	List sepa example unexpired	rent, vehicle lease, cell phone). See the instructions for this fo	tract or lease. Then state what each contract or lease is for (for m in the instruction booklet for more examples of executory contracts and
	Person o	r company with whom you have the contract or lease	State what the contract or lease is for
2.1			
	Name		_
	Number	Charat	_
	Number	Street	
(see ensuring	City	State ZIP Code	en enganten i sangangan i suman pengangan kanalaman mangan pengan pengangan mangangan pengangan kanalam ya men
2.2			_
	Name		
	Number	Street	_
	City	State ZIP Code	_
2.3	mmoran, 2 vicine inclinion	<del>ടെ നട്ടെ പ്രവാഗം വിവര്ത്തിലൂടെ നാന്നു വിത്ര</del> ിക്കാന് വാധാന്ത്രായിരുന്നു. വാധാന്ത്രയായ വാധാന്	in the second of
	Name		_
	Number	Street	_
	0.4	7004	_
2.4	City	State ZIP Code	т намог протигнительного постоя в поставления проминения и меренения изментация с соемерция уст выдачных проис
	Name		_
	Number	Street	_
	Number	Street	
21-1 - Lucksport durage	City	State ZIP Code	- Constitution of the Cons
2.5	N		_
	Name		
	Number	Street	_
	City	State ZIP Code	-

Official Form 106G

Fill in this	s information to identi	fy your case:				
Debtor 1	JEZABEL SUAF			<u></u>		
	First Name	Middle Name	Last Name			
Debtor 2 (Spouse, if fil	ling) First Name	Middle Name	Last Name	<del></del>		
United Stat	es Bankruptcy Court for the	e: DISTRICT OF NEVAD	4			
Case numb						
(If known)					☐ Check if the	
					amended ·	filing
Officia	l Form 106H					
		ır Codebtors	<b>.</b>		•	12/15
are filing to and number case number 1. Do you 1. Ye 2. Withir Arizon 1. No	ogether, both are equally the entries in the both are (if known). Answer to have any codebtors?  It have any codebtors?	Illy responsible for supposes on the left. Attach to every question.  ? (If you are filing a joint of eyou lived in a communuisiana, Nevada, New Memer spouse, or legal equi	blying correct informathe Additional Page to sase, do not list either sate or textoo, Puerto Rico, Textovalent live with you at the sate of the sate o	ation. If more space of this page. On the spouse as a codebte territory? (Communicas, Washington, and the time?	nity property states and territories include	it out,
	Number Street					
3	City	State	ZIP C	ode		
	•					
show Sched	n in line 2 agaln as a c dule D (Official Form 1	odebtor only if that per	son is a guarantor or	cosigner. Make su	ouse is filing with you. List the person tre you have listed the creditor on tial Form 106G). Use Schedule D,	
Colui	mn 1: Your codebtor			Co	dumn 2: The creditor to whom you owe the	debt
:				Cr	eck all schedules that apply:	
3.1				П	Cabadula D. line	
Name	9				Schedule D, line Schedule E/F, line	
Numl	per Street	, <u>.</u>			Schedule G, line	
	odi Gueet			_	Schedule G, line	
City		State	ZIP	Code		
3.2		w			Schedule D, line	
Name	•				Schedule E/F, line	
Numi	per Street				Schedule G, line	
		Chair	710		<del></del>	
3.3 City	and the commence of the control of t	State	ZIP	Code	The second se	
Name					Schedule D, line	
Name	•				Schedule E/F, line	
Numt	per Street				Schedule G, line	
City		State	ZIP	Code		

Official Form 106H

ill in this information to identify	your case:			
ebtor 1 JEZABEL SUAR				
First Name	Middle Name	Last Name		
ebtor 2 Spouse, if filing) First Name	Middle Name	Last Name		
nited States Bankruptcy Court for the:	DISTRICT OF NEVADA			
ase number		-	Check if t	this is:
f known)			🔲 An am	nended filing
				plement showing postpetition chapter 13 e as of the following date:
fficial Form 106I	_		MM / I	DD / YYYY
chedule I: You	ır Income			12/15
art 1: Describe Employn	e top of any additional pa	ges, write your name and	case number (if l	ouse. If more space is needed, attach a known). Answer every question.
Fill in your employment information.		Debtor 1		Debtor 2 or non-filing spouse
If you have more than one job, attach a separate page with information about additional employers.	Employment status	☑ Employed ☐ Not employed		☐ Employed ☐ Not employed
Include part-time, seasonal, or self-employed work.	Occupation	SUPERVISOR		
Occupation may include student or homemaker, if it applies.	Occupation			
	Employer's name	BELLAGIO		. <u></u>
	Employer's address	PO BOX 7700		
		Number Street		Number Street
		LAS VEGAS N	IV 89122 ZIP Code	City State ZIP Code
	How long employed the		2.11 0000	8 YEARS
art 2: Give Details About	: Monthly Income			
Estimate monthly income as of	the date you file this for	m. If you have nothing to re	oort for any line, w	rite \$0 in the space. Include your non-filing
spouse unless you are separated If you or your non-filing spouse his below. If you need more space, a	ave more than one employ	er, combine the information	•	
below. If you need more opace, a	macri a separate sirect to t	nis ionii.	For Debtor 1	For Debtor 2 or
1 in a manufath a con-		afara all ar		non-filing spouse
List monthly gross wages, sal deductions). If not paid monthly,			\$ <u>3,198.23</u>	\$
Estimate and list monthly over	time pay.	3. +	\$	+ \$
Calculate gross income. Add li	ne 2 + line 3.	4.	\$ 3,198.23	\$

Official Form 1061

Debtor 1 JEZABEL SUAREZ-GARCIA

Jeblor	First Name Middle Name Last Name			· Debtor 1	For Debtor 2 or			
					non-filing spouse	-		
Co	py line 4 here	<b>→</b> 4.	\$_	3,198.23	\$	-		
5. <b>Lis</b> t	t all payroll deductions:							
5a	a. Tax, Medicare, and Social Security deductions	5a.	\$	445.16	\$	-		
5b	Mandatory contributions for retirement plans	5b.	\$	0.00	\$			
50	Voluntary contributions for retirement plans	5c.	\$	0.00	\$			
50	. Required repayments of retirement fund loans	5d.	\$_	0.00	\$			
5e	e. Insurance	5e.	\$_	0.00	\$			
5f.	Domestic support obligations	5f.	\$	60.00	\$			
50	. Union dues	5g.	\$	0.00	\$			
5h	n. Other deductions. Specify:	5h.	+\$	0.00	+ \$			
6. <b>A</b> 0	dd the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.	\$	445.16	\$			
7. <b>C</b> a	alculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	2,753.07	\$			
8. <b>Lis</b>	st all other income regularly received:							
8a	Net income from rental property and from operating a business, profession, or farm							
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$			
86	). Interest and dividends	8b.	\$	0.00	\$			
80	<ul> <li>Family support payments that you, a non-filing spouse, or a depende regularly receive</li> </ul>	nt		_				
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$			
8d	. Unemployment compensation	8d.	\$	0.00	\$			
8e	e. Social Security	8e.	\$	0.00	\$			
8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	ce 8f.	\$	0.00	\$			
0-				0.00				
·	Pension or retirement income	8g.	\$		\$			
8h	. Other monthly income. Specify:	8h.	<u>+\$_</u>	0.00	+\$	_		
9. <b>Ad</b>	d all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$	0.00	\$	_		
	culate monthly income. Add line 7 + line 9.  If the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$	2,753.07	\$	<u> </u> =	\$	2,753.07
Incl	te all other regular contributions to the expenses that you list in Schedude contributions from an unmarried partner, members of your household, ynds or relatives.			ents, your roomr	nates, and other			
Do	not include any amounts already included in lines 2-10 or amounts that are i	not av	ailable	to pay expense	es listed in Schedule J.			
Spe	ecify:				_ 11	+	\$	0.00
	d the amount in the last column of line 10 to the amount in line 11. The te that amount on the Summary of Your Assets and Liabilities and Certain S						  \$	2,753.07
	and and and and area officially						Comb	
	you expect an increase or decrease within the year after you file this for	orm?					mont	hly income

Official Form 106I

Yes. Explain:

Fill in this information to identify yo	ur case:							
Debtor 1 JEZABEL SUAREZ-		Check if th	nis is:					
First Name Debtor 2	Middle Name Last Name	_	An amended filing					
(Spouse, if filing) First Name	Middle Name Last Name	☐ A supp	An americal imig  A supplement showing postpetition chapter 13					
United States Bankruptcy Court for the: DIS	STRICT OF NEVADA	expens	ses as of	the following	date:			
Case number (If known)		MM / DI	D/ YYYY	_				
Official Form 106J								
Schedule J: You	r Expenses				12/15			
Be as complete and accurate as poss information. If more space is needed, (if known). Answer every question.	ible. If two married people are fili attach another sheet to this form	ing together, both are equally r n. On the top of any additional	responsib pages, wi	le for supply rite your nam	ing correct e and case number			
Part 1: Describe Your House	hold							
1. Is this a joint case?				-				
<ul><li>✓ No. Go to line 2.</li><li>✓ Yes. Does Debtor 2 live in a sep</li></ul>	arate household?							
□ No								
	Official Form 106J-2, Expenses for S	Separate Household of Debtor 2.		and the second second	rassorram aramidilikki sassossis sa sassorrambana shahabib S(1) SUNTEN Yangara samadi babbi shikki ki kili			
Do not list Debtor 1 and	☐ No ☑ Yes. Fill out this information for	Dependent's relationship to Debtor 1 or Debtor 2		Dependent's ige	Does dependent live with you?			
Debtor 2.	each dependent	DAUGHTER			☐ No			
Do not state the dependents' names.		DAGGITTER			☑ Yes			
		SON	8		Ŭ No ✓ Yes			
		DAD	6	5	□ No			
		UND		<u> </u>	<b>☑</b> Yes			
		MOM	6	0	Ū No <b>⊠</b> Yes			
					☐ No			
					Yes			
	<b>2</b> Î No ☑ Yes							
Part 2: Estimate Your Ongoing	Monthly Expenses							
Estimate your expenses as of your ba		re using this form as a supple	ment in a	Chapter 13 c	ase to report			
expenses as of a date after the bankru applicable date.		•		•	-			
Include expenses paid for with non-ca	-			V				
such assistance and have included it				Your exper	1505			
<ol> <li>The rental or home ownership expany rent for the ground or lot.</li> </ol>	enses for your residence. Include	first mortgage payments and	4.	\$	1,100.00			
If not included in line 4:				•	0.00			
4a. Real estate taxes	ar's insurance		4a.	\$	0.00			
<ul><li>4b. Property, homeowner's, or rente</li><li>4c. Home maintenance, repair, and</li></ul>			4b. 4c.	\$	0.00			
4d. Homeowner's association or co	· · ·		4c. 4d.	\$	0.00			

Debtor 1 JEZAB

JEZABEL	SUAREZ-0	GARCIA	
Circ & Marrie	Adiable Nome	Last Name	_

Case number (if known)\_\_\_\_\_

Note				Your expe	nses
			-	\$	0.00
Sa.   Electricity, heat, natural gas   Sa.   210.00	5.	Additional mortgage payments for your residence, such as nonie equity loans	Э.		
6b. Water, sewer, garbage collection         6b. \$ 89,00           6c. Telephone, cell phone, Internet, satellite, and cable services         6c. 142,00           6c. Other, Specify:         6d. \$ 0.00           7. Food and housekeeping supplies         7. \$ 0.00           8. Childcare and children's education costs         6. \$ 0.00           9. Clothing, laundry, and dry cleaning         9. \$ 100,00           10. Personal care products and services         10. \$ 20,00           11. Modical and dental expenses         11. \$ 2. 0.00           12. Transportation, Include gas, maintenance, bus or train fare.         12. \$ 160,00           13. Enterfainment, clubs, recreation, newspapers, magazines, and books         13. \$ 0.00           14. Charitable contributions and religious donations         15. \$ 0.00           15. Insurance.         15. Use insurance deducted from your pay or included in lines 4 or 20.         5 0.00           16. Vericle insurance. Specify:         15. \$ 0.00           16. Vericle insurance. Specify:         15. \$ 0.00           17. Transportance. Specify:         15. \$ 0.00           18. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.         5 0.00           18. Taxes. To not include taxes deducted from your pay or included in lines 4 or 20.         5 0.00           19. Taxes. To not include taxes deducted from your pay or included in line	6.				210.00
1				\$	90.00
6.6   Chief. Specify		6b. Water, sewer, garbage collection	6b.	\$	
		6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	
Column   C		6d. Other. Specify:	6d.	\$	
	7.	Food and housekeeping supplies	7.	\$	
10.   Personal care products and services   10.   \$   20.00     11.   Medical and dental expenses   11.   \$   10.00     12.   Transportation. Include gas, maintenance, bus or train fare.   12.   12.   12.   12.   12.   13.   14.   14.   14.   15.   16.00     13.   Entertainment, clubs, recreation, newspapers, magazines, and books   13.   \$   0.00     14.   Charitable contributions and religious donations   14.   \$   0.00     15.   Insurance.   15a.   Life insurance deducted from your pay or included in lines 4 or 20.   15b.   Lealth insurance   15b.   \$   0.00     15b.   Health insurance   15b.   \$   0.00     15c.   Vehicle insurance.   Specify   16.   16.   \$   0.00     15c.   Vehicle insurance.   Specify   16.   \$   0.00     15d.   Other insurance.   Specify   16.   \$   0.00     15d.   Taxes.   Do not include taxes deducted from your pay or included in lines 4 or 20.   Specify   16.   \$   0.00     15d.   Taxes.   Do not include taxes deducted from your pay or included in lines 4 or 20.   \$   0.00     15d.   Taxes.   Do not include taxes deducted from your pay or included in lines 4 or 20.   \$   0.00     15d.   Taxes.   Do not include taxes deducted from your pay or included in lines 4 or 20.   \$   0.00     15d.   Taxes.   Do not include taxes deducted from your pay or included in lines 4 or 20.   \$   0.00     15d.   Taxes.   Do not include taxes deducted from your pay or included in lines 4 or 20.   \$   0.00     15d.   Taxes.   Do not include taxes deducted from your pay or included in lines 4 or 20.   \$   0.00     15d.   Taxes.   Do not include taxes deducted from your pay or included in lines 4 or 20.   \$   0.00     15d.   Taxes.   Do not include taxes deducted from your pay or included from your pa	8.	Childcare and children's education costs	8.	\$	
11. Medical and dental expenses         11. \$         \$         10.00           12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.         12. \$         \$         160.00           13. Entertainment, clubs, recreation, newspapers, magazines, and books         13. \$         \$         0.00           14. Charitable contributions and religious donations         15. \$         0.00           15. Insurance.         0.00         0.00           15. Life insurance         15a. \$         0.00           15b. Health insurance         15b. \$         0.00           15c. Vehicle insurance         15c. \$         16c.00           15d. Other insurance. Specify:         15c. \$         0.00           15d. Other insurance. Specify:         17c. \$         0.00           15d. Car payments for Vehicle 1         17c. \$         0.00           17c. Car payments for Vehicle 2         17c. \$         0.00	9.	Clothing, laundry, and dry cleaning	9.	\$	
12	10.	Personal care products and services	10.	\$	20.00
Do not include car payments.   12.   100.00	11.	Medical and dental expenses	11.	\$	10.00
14. Charitable contributions and religious donations   14.   5.   0.00     15. Insurance.   15a.   Life insurance deducted from your pay or included in lines 4 or 20.     15a.   Life insurance   15a.   5.   0.00     15b.   Health insurance   15b.   5.   0.00     15b.   Health insurance   15b.   5.   0.00     15c.   Vehicle insurance   15c.   5.   160.00     15c.   Vehicle insurance   15c.   5.   0.00     15d.   Other insurance. Specify:   15d.   5.   0.00     15d.   Other insurance   15d.   5.   0.00     15d.   Other insurance. Specify:   17d.   5.   0.00     15d.   Other insurance   15d.   5.   0.00     15d.   Other insurance. Specify:   17d.   5.   0.00     15d.   Other insurance. Specify:	12.	•	12.	\$	160.00
15.   Insurance.   15a.   Life insurance deducted from your pay or included in lines 4 or 20.   15b.   Health insurance   15b.   \$ 0.00   15b.   Health insurance   15b.   \$ 0.00   15b.   Health insurance   15b.   \$ 0.00   15c.   Vehicle insurance   15c.   \$ 160.00   15c.   Vehicle insurance   15c.   \$ 160.00   15d.   Other insurance. Specify:   15d.   \$ 0.00   15d.   Other insurance   15c.   \$ 0.00   15d.   Other insurance   15c.   \$ 0.00   15d.   Other insurance   15d.   15d.   Other	13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
Do not include insurance deducted from your pay or included in lines 4 or 20.   15a. Life insurance	14.	Charitable contributions and religious donations	14.	\$	0.00
156. Health insurance   156. S   0.00     156. Vehicle insurance   156. S   160.00     156. Other insurance. Specify:	15.				
15c. Vehicle insurance   15c. Vehicle   15d. Vehicle   15d. Vehicle   15d. Vehicle   15d. Vehicle   16d. Vehicle   16d. Vehicle   16d. Vehicle   16d. Vehicle   16d. Vehicle   17d. Vehi		15a. Life insurance	15a.	\$	0.00
15d. Other insurance. Specify:       15d. \$       0.00         16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:       16. \$       0.00         17. Installment or lease payments:       17a. \$       446.00         17b. Car payments for Vehicle 1       17a. \$       0.00         17b. Car payments for Vehicle 2       17b. \$       0.00         17c. Other. Specify:       17c. \$       0.00         17d. Other. Specify:       17d. \$       0.00         18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 106l).       18. \$       0.00         19. Other payments you make to support others who do not live with you.       19. \$       0.00         20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.       20a. \$       0.00         20a. Montgages on other property       20a. \$       0.00         20b. Real estate taxes       20b. \$       0.00         20c. Property, homeowner's, or renter's insurance       20c. \$       0.00         20d. Maintenance, repair, and upkeep expenses       20d. \$       0.00		15b. Health insurance	15b.	\$	0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify:		15c. Vehicle insurance	15c.	\$	160.00
Specify:		15d. Other insurance. Specify:	15 <b>d</b> .	\$	0.00
Specify:	40	Taxon Denot include toward adjusted from your pay or included in lines 4 or 20			
17a. Car payments for Vehicle 1       17a. \$	16.	• • •	16.	\$	0.00
17b. Car payments for Vehicle 2  17c. Other. Specify: 17c. Specify: 5.0.00  17d. Other. Specify: 17d. Specify: 18b. Specify: 18b. Specify: 19b. Specify: 19b	17.	Installment or lease payments:			
17c. Other. Specify:		17a. Car payments for Vehicle 1	17a.	\$	446.00
17d. Other, Specify:		17b. Car payments for Vehicle 2	17b.	\$	0.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  19. Other payments you make to support others who do not live with you.  Specify:		17c. Other. Specify:	17c.	\$	0.00
your pay on line 5, Schedule I, Your Income (Official Form 106I).  18. \$ 0.00  19. Other payments you make to support others who do not live with you.  Specify:		17d. Other. Specify:	17d.	\$	0.00
Specify:	18.		18.	\$	0.00
20a. Mortgages on other property 20a. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses	19.	Other payments you make to support others who do not live with you.			
20a. Mortgages on other property       20a. \$		Specify:	19.	\$	0.00
20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00	20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom	1e.		
20c. Property, homeowner's, or renter's insurance20c.\$0.0020d. Maintenance, repair, and upkeep expenses20d.\$0.00		20a. Mortgages on other property	20a.	\$	0.00
20d. Maintenance, repair, and upkeep expenses 20d. \$		20b. Real estate taxes	20b.	\$	0.00
		20c. Property, homeowner's, or renter's insurance	20c.	\$	0.00
20e. Homeowner's association or condominium dues 20e. \$ 0.00		20d. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
		20e. Homeowner's association or condominium dues	20e.	\$	0.00

# Case 19-11357-abl Doc 1 Entered 03/11/19 16:10:39 Page 46 of 67

Debtor	1 JEZABEL SUAREZ-GARCIA Case	number (if known)		
21. <b>Ot</b>	her. Specify:	21.	+\$	0.00
22. <b>Ca</b>	iculate your monthly expenses.			
22	a. Add lines 4 through 21.	22a.	\$	3,187.00
22	o. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	22b.	\$	0.00
22	c. Add line 22a and 22b. The result is your monthly expenses.	22c.	\$	3,187.00
		'		
23. Cal	culate your monthly net income.		•	2,753.07
23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	2,733.07
23b.	Copy your monthly expenses from line 22c above.	23b.	-\$	3,187.00
23c.	Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	<b>23</b> c.	\$	-433.93
24. <b>Do</b> <u>1</u>	you expect an increase or decrease in your expenses within the year after you file this	s form?		
	example, do you expect to finish paying for your car loan within the year or do you expect yo tgage payment to increase or decrease because of a modification to the terms of your mortg			
<b>1</b>	No			
	res. Explain here:			
				· · · · · · · · · · · · · · · · · · ·

I in this information to i	identify your case:			
btor 1 JEZABEL S	SUAREZ-GARCIA Middle Name	Last Name	<del></del>	
btor 2				
ouse, if filing) First Name	Middle Name	Last Name		
ited States Bankruptcy Cour	rt for the: DISTRICT OF NEV	VADA		
se number known)				_
•				Check if this is
		<del></del>		amended filing
·	whenever you file bankrup		upplying correct information.  ed schedules. Making a false stat  e can result in fines up to \$250 00	ement, concealing property, or
btaining money or pro	. §§ 152, 1341, 1519, and 3		e can result in fines up to \$250,00	
btaining money or projects, or both. 18 U.S.C  Sign Below  Did you pay or agree	. §§ 152, 1341, 1519, and 3  v  e to pay someone who is N	3571.	ou fill out bankruptcy forms?	
btaining money or projects, or both. 18 U.S.C  Sign Below  Did you pay or agree	. §§ 152, 1341, 1519, and 3  v  e to pay someone who is N	3571.		
Sign Below  Did you pay or agree  No Yes. Name of pers	e to pay someone who is Noon AMY MILLER	NOT an attorney to help y	ou fill out bankruptcy forms? Attach <i>Bankruptcy Petition Prepare</i>	r's Notice, Declaration, and
btaining money or projects, or both. 18 U.S.C.  Sign Below  Did you pay or agree.  No Yes. Name of pers  Under penalty of perthat they are true and	e to pay someone who is Noon AMY MILLER	NOT an attorney to help y	ou fill out bankruptcy forms? Attach Bankruptcy Petition Prepare. Signature (Official Form 119).	r's Notice, Declaration, and
Sign Below  Did you pay or agree  No Yes. Name of pers	e to pay someone who is Noon AMY MILLER	NOT an attorney to help y	ou fill out bankruptcy forms?  Attach Bankruptcy Petition Prepare. Signature (Official Form 119).  hedules filed with this declaration	r's Notice, Declaration, and

ebtor 1	JEZABEL SUA	REZ-GARCIA				
	First Name	Middle Name	Last Name			
ebtor 2 pouse, if filing	)) First Name	Middle Name	Last Name			
nited States	Bankruptcy Court for the	ne: DISTRICT OF NE	/ADA			
ase number known)						☐ Check if this is an
		<del>-</del>				amended filing
fficial l	Form 107					
atem	ent of Fin	ancial Affai	rs for Indiv	iduals Filing f	for Bankrupto	y 04/-
ormation. mber (if kn	If more space is no nown). Answer ever	eeded, attach a separ	rate sheet to this fo	g together, both are equa rm. On the top of any addi 'ou Lived Before	itional pages, write your	name and case
<u> </u>						<u></u>
What is y	your current marita	l status?				
☐ Marri						
Ŭ Marri ☑ Not n						
Not n	narried	e you lived anywhere	e other than where y	ou live now?		
Not n  During th	narried he last 3 years, hav	e you lived anywhere you lived in the last 3				
During the Mo	narried he last 3 years, hav					Dates Debtor 2 lived there
During the Mo	narried  he last 3 years, hav  List all of the places		years. Do not includ  Dates Debtor 1	e where you live now.		lived there
During the Value of No Det	narried  he last 3 years, hav  List all of the places  btor 1:		years. Do not includ  Dates Debtor 1	Debtor 2:  Same as Debtor 1		lived there
During the Solution of the So	narried  he last 3 years, hav  List all of the places		years. Do not includ  Dates Debtor 1  lived there	e where you live now.  Debtor 2:		lived there  Same as Debtor
During the Value of No Det	narried  he last 3 years, hav  List all of the places  btor 1:		years. Do not includ  Dates Debtor 1  lived there	Debtor 2:  Same as Debtor 1		lived there  Same as Debtor  From
During the Value of No Det	narried  he last 3 years, hav  List all of the places  btor 1:  mber Street		years. Do not includ  Dates Debtor 1  lived there	Debtor 2:  Same as Debtor 1	State ZIP Code	lived there  Same as Debtor  From
During the No No Det	narried  he last 3 years, hav  List all of the places  btor 1:  mber Street	you lived in the last 3	years. Do not includ  Dates Debtor 1  lived there	e where you live now.  Debtor 2:  Same as Debtor 1  Number Street	State ZIP Code	Iived there  Same as Debtor  From  To
During the Second No.	narried  he last 3 years, hav  List all of the places  btor 1:  mber Street	you lived in the last 3	years. Do not includ  Dates Debtor 1 lived there  From To	Debtor 2:  Same as Debtor 1  Number Street	State ZIP Code	Ilived there  Same as Debtor  From  To  Same as Debtor
During the Value of Notes of N	narried  he last 3 years, hav  List all of the places  btor 1:  mber Street	you lived in the last 3	years. Do not includ  Dates Debtor 1  lived there	Debtor 2:  Same as Debtor 1  Number Street	State ZIP Code	Iived there  Same as Debtor  From  To
During the Value of Notes of N	narried  he last 3 years, hav  List all of the places  btor 1:  mber Street	you lived in the last 3	years. Do not includ  Dates Debtor 1 lived there  From To  From To	e where you live now.  Debtor 2:  Same as Debtor 1  Number Street  City  Same as Debtor 1	State ZIP Code	Iived there  Same as Debtor  From  To  Same as Debtor
During the Value of Notes of N	narried  he last 3 years, hav  List all of the places  btor 1:  mber Street	you lived in the last 3	years. Do not includ  Dates Debtor 1 lived there  From To  From To	e where you live now.  Debtor 2:  Same as Debtor 1  Number Street  City  Same as Debtor 1	State ZIP Code	From Same as Debtor 1

Official Form 107

Debtor 1	JEZABEL SUAREZ-GARCIA First Name Middle Name Last	Name	Case nu	mber (if known)	
	FEST (VAINE WHOLE (VAINE Last)				
Filli	you have any income from employment in the total amount of income you received ou are filing a joint case and you have income you have you have any income from employment in the your have any income you have income you have income you have income your have	d from all jobs and all busi	nesses, including part-tii	ne activities.	endar years?
<b>62</b> 1	Yes. Fill in the details.		참 - 근됐 하나 됐나 이것		
		Debtor 1		Debtor 2 Sources of Income	Gross Income
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)
	From January 1 of current year until	Wages, commissions, bonuses, tips	s 7,995.57	Wages, commissions, bonuses, tips	\$
	the date you filed for bankruptcy:	Operating a business	·	Operating a business	
	For last calendar year:	Wages, commissions, bonuses, tips	s 38,835.00	Wages, commissions, bonuses, tips	¢
	(January 1 to December 31, 2018	Operating a business	\$	Operating a business	Φ
	For the calendar year before that:	☑ Wages, commissions,		☐ Wages, commissions,	
	(January 1 to December 31, 2017	bonuses, tips  Operating a business	\$39,199.00	bonuses, tips  Operating a business	\$
<b></b>	each source and the gross income from e No Yes. Fill in the details.	each source separately. Do	o not include income tha	t you listed in line 4.	
		Debtor 1		· Debtor 2 1	
		Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
	From January 1 of current year until		\$		- \$
	the date you filed for bankruptcy:		\$		- \$
			\$		- \$
	For last calendar year:		\$		- \$
	(January 1 to December 31,2018 )				- \$
	1111		\$	*****	- \$
	For the calendar year before that:		\$		\$
	(January 1 to December 31,2017		\$		\$
	YYYY		\$		\$

Debtor 1	JEZABEL SUAREZ-GARCIA First Name Middle Name Last Name		Case	number (f known)	
Part 3:	List Certain Payments You Made Befo	re You Filed	for Bankruptcy		
6. Are ei	ther Debtor 1's or Debtor 2's debts primarily c	onsumer deb	ts?		
	o. Neither Debtor 1 nor Debtor 2 has primarily "incurred by an individual primarily for a person	consumer de	<b>bts</b> . Consumer debts a	re defined in 11 U.S.C. § 10	1(8) as
	During the 90 days before you filed for bankru	ptcy, did you p	ay any creditor a total of	f \$6,425* or more?	
	☐ No. Go to line 7.				
	Yes. List below each creditor to whom you total amount you paid that creditor. Do child support and alimony. Also, do no	o not include p	ayments for domestic si	upport obligations, such as	
	* Subject to adjustment on 4/01/19 and every 3				
<b>⊠</b> Y∈	es. Debtor 1 or Debtor 2 or both have primarily	consumer de	bts.		
	During the 90 days before you filed for bankru			\$600 or more?	
	☑ No. Go to line 7.				
	Yes. List below each creditor to whom you creditor. Do not include payments for alimony. Also, do not include paymen	domestic supp	ort obligations, such as	child support and	
		Dates of payment	Total amount paid	Amount you still owe	Was this payment for
	Creditor's Name		\$	\$	☐ Mortgage
	Number Street				☐ Credit card☐ Loan repayment☐
	City State ZIP Code				☐ Suppliers or vendors ☐ Other
	Creditor's Name		\$	\$	☐ Mortgage
	Number Street				☐ Credit card ☐ Loan repayment
	City State ZIP Code				Suppliers or vendors Other
			¢	\$	П.,
	Creditor's Name		\$	Φ	☐ Mortgage ☐ Car
	Number Street				Credit card

City

State

ZIP Code

☐ Suppliers or vendors

Other\_

1	JEZABEL SL	JAREZ-GARCIA		_	Case number (if known)	
	First Name M	liddle Name Last Name	·			
nside corpor gent, cuch a	ers include your rel trations of which yo t, including one for as child support ar	ou are an officer, director, pe a business you operate as a nd alimony.	s; relatives of any erson in control, o	general partners;   r owner of 20% or	partnerships of whic more of their voting	who was an insider? th you are a general partner; securities; and any managing r domestic support obligations,
<b>J</b> Y€	es. List all paymen	ts to an insider.	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Ī	Insider's Name			\$	. \$	
7	Number Street					
-	City	State ZIP Code				
Īi	Insider's Name			\$	\$	
7	Number Street					
7	City	State ZIP Code				
n ins Iclud	sider? le payments on de	u filed for bankruptcy, did		ayments or trans	sfer any property o	n account of a debt that benefi
1 No 1 Ye		ts that benefited an insider.				
			Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Īr	nsider's Name	<u> </u>		\$	\$	
Ñ	Number Street	<del> </del>				
_	City	State ZIP Code				
ĪĒ	nsider's Name			\$	_ \$	
_						
N 	Number Street					
_						
ā	City	State ZIP Code				

	EZABEL SUAREZ-GARCIA	Name		Case number (if kno	wn)	
•	First Name Middle Name Last	Name				
	dentify Legal Actions, Repos					
List all su	year before you filed for bankrup ich matters, including personal injun act disputes.	tcy, were you y cases, sma	a party in any laws I claims actions, divor	uit, court action, or adn ces, collection suits, pate	ninistrative proceediernity actions, support	ng? or custody modifica
No <b>2</b> Yes. F	Fill in the details.					
		Nature of t	ne case	Court or agency		Status of the cas
C	<sub>e title_</sub> 18C005045	GARNIS	HMENT	JUSTICE COUR	T, LAS VEGAS	─ Pending
Case	s uue	-		200 LEWIS AVE		On appeal
				Number Street		Concluded
Case	number			LAS VEGAS	NV 89101 rate ZIP Code	_
						_
Case	e title	-		Court Name		Pending On appeal
				Number Street		Concluded
Case	number					
Yes. F	Fill in the information below.	ſ	Describe the property		Date	Value of the proper
;	Creditor's Name					\$
i	Number Street		xplain what happened			
		Į	Property was repo			
•	- 4702		<ul><li>Property was fore</li><li>Property was garr</li></ul>			
ī	City State ZIP C			ched, seized, or levied.		
		t	escribe the property		Date	Value of the prope
						\$
Ō	Creditor's Name					
Ī	Number Street	E	xplain what happened			
-		(	Property was repo	ossessed.		
			Property was fore Property was garr			
ō	City State ZIP C	ode _	_	ched, seized, or levied.		

First Name Middle Name La	ast Name	
hin 90 days before you filed for bankr	ruptcy, did any creditor, including a bank or finar	ncial institution, set off any amounts from y
ounts or refuse to make a payment be	ecause you owed a debt?	
No		
Yes. Fill in the details.		
	Describe the action the creditor took	Date action Amount
	bootings the assent the distance took	was taken
Creditor's Name		
		\$
Number Street		
City State ZIP Code	Last 4 digits of account number: XXXX	
		<del></del>
hin 1 year before you filed for bankru	ptcy, was any of your property in the possession	of an assignee for the benefit of
ditors, a court-appointed receiver, a c		
No		
Yes		
List Certain Gifts and Contrib	outions	
List dertain ditts and deliting		
nin 2 years before you filed for bankru	uptcy, did you give any gifts with a total value of	more than \$600 per person?
	uptcy, did you give any gifts with a total value of	more than \$600 per person?
No	uptcy, did you give any gifts with a total value of	more than \$600 per person?
No	uptcy, did you give any gifts with a total value of	more than \$600 per person?
No Yes. Fill in the details for each gift.		
No		
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600		Dates you gave Value
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600		Dates you gave Value
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person		Dates you gave Value
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person		Dates you gave Value the gifts
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person		Dates you gave Value
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift		Dates you gave Value the gifts
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift		Dates you gave Value the gifts
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift		Dates you gave Value the gifts
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift		Dates you gave Value the gifts
Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street		Dates you gave Value the gifts
Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street		Dates you gave Value the gifts
Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code	Describe the gifts	Dates you gave Value the gifts  \$\$
Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600		Dates you gave Value the gifts
Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600	Describe the gifts	Dates you gave Value the gifts  \$\$  \$\$  Dates you gave Value
Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600	Describe the gifts	Dates you gave Value the gifts  \$\$  \$\$  Dates you gave Value
Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave Value the gifts  \$\$  \$\$  Dates you gave Value
Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave Value the gifts  \$\$  \$\$  Dates you gave Value
Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave Value the gifts  \$\$  \$\$  Dates you gave Value
Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave Value the gifts  \$\$  \$\$  Dates you gave Value
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave Value the gifts  \$\$  \$\$  Dates you gave Value
Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave Value the gifts  \$\$  \$\$  Dates you gave Value
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift	Describe the gifts	Dates you gave Value the gifts  \$\$  \$\$  Dates you gave Value

1		ClA Case number (if known)		
	First Name Middle Name	Last Name		
ithin 2	2 years before you filed for ban	kruptcy, did you give any gifts or contributions with a total valu	ie of more than \$6	00 to any charity?
1 No				
	s. Fill in the details for each gift or	contribution.		
		Bornello substantino and Alburta d	Data you	Value
	fts or contributions to charitles at total more than \$600	Describe what you contributed	Date you contributed	value
				¢
Chari	ity's Name	<del></del>		¥
				\$
_				
Numb	ber Street			
NUME	per Street			
City	State ZIP Code			
6:	List Certain Losses			
	. Fill in the details.			
Yes.	. Fill in the details. scribe the property you lost and w the loss occurred	Describe any Insurance coverage for the loss	Date of your loss	Value of property lost
Yes.	scribe the property you lost and	Describe any Insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.		
Yes.	scribe the property you lost and	Include the amount that insurance has paid. List pending insurance		lost
Yes.	scribe the property you lost and	Include the amount that insurance has paid. List pending insurance		
Yes.	scribe the property you lost and	Include the amount that insurance has paid. List pending insurance		lost
Yes.  Des	scribe the property you lost and w the loss occurred	Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> .		lost
Yes.  Des	scribe the property you lost and withe loss occurred	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	loss	s
Yes.  Des hove  7:	scribe the property you lost and withe loss occurred  List Certain Payments or T	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Transfers  Truptcy, did you or anyone else acting on your behalf pay or transfers.	loss	s
Yes.  Des how	scribe the property you lost and withe loss occurred  List Certain Payments or To year before you filed for bank insulted about seeking bankrupt	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	loss	S
Yes.  Des how	scribe the property you lost and withe loss occurred  List Certain Payments or To year before you filed for bank insulted about seeking bankrupt	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Transfers  Truptcy, did you or anyone else acting on your behalf pay or transfery or preparing a bankruptcy petition?	loss	S
7: I ithin 1 ou conclude a	scribe the property you lost and withe loss occurred  List Certain Payments or To year before you filed for bank insulted about seeking bankrupt	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Transfers  Truptcy, did you or anyone else acting on your behalf pay or transfery or preparing a bankruptcy petition?	loss	S
7:   Peshov	scribe the property you lost and withe loss occurred  List Certain Payments or T  1 year before you filed for bank insulted about seeking bankrupt any attorneys, bankruptcy petition.  Fill in the details.	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Transfers  Truptcy, did you or anyone else acting on your behalf pay or transfery or preparing a bankruptcy petition?	nsfer any property our bankruptcy.  Date payment or transfer was	\$to anyone
7:   The state of	scribe the property you lost and withe loss occurred  List Certain Payments or T.  1 year before you filed for bank insulted about seeking bankrupt any attorneys, bankruptcy petition.  Fill in the details.  MY MILLER son Who Was Paid	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Fransfers  ruptcy, did you or anyone else acting on your behalf pay or transfery or preparing a bankruptcy petition?  In preparers, or credit counseling agencies for services required in your property transferred  Description and value of any property transferred	nsfer any property our bankruptcy.  Date payment or	S
7: Des how	List Certain Payments or T.  1 year before you filed for bank insulted about seeking bankrupt any attorneys, bankruptcy petition.  Fill in the details.  MY MILLER son Who Was Paid.  65 S EASTERN AVE	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Fransfers  Truptcy, did you or anyone else acting on your behalf pay or trantcy or preparing a bankruptcy petition?  In preparers, or credit counseling agencies for services required in your preparers.	nsfer any property our bankruptcy.  Date payment or transfer was	to anyone  Amount of paymen
7: Des how	scribe the property you lost and withe loss occurred  List Certain Payments or T.  1 year before you filed for bank insulted about seeking bankrupt any attorneys, bankruptcy petition.  Fill in the details.  MY MILLER son Who Was Paid	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Fransfers  ruptcy, did you or anyone else acting on your behalf pay or transfery or preparing a bankruptcy petition?  In preparers, or credit counseling agencies for services required in your property transferred  Description and value of any property transferred	nsfer any property our bankruptcy.  Date payment or transfer was	\$ to anyone
7: Des how	List Certain Payments or To see the property you lost and withe loss occurred  List Certain Payments or To see the payments of To see the	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Fransfers  ruptcy, did you or anyone else acting on your behalf pay or trantcy or preparing a bankruptcy petition?  In preparers, or credit counseling agencies for services required in your property transferred  Description and value of any property transferred  FOR PREPARE ALL FORMS OF CHAPTER 7	nsfer any property our bankruptcy.  Date payment or transfer was	to anyone  Amount of paymen
7:   Test   Test	List Certain Payments or To year before you filed for bank insulted about seeking bankrupt any attorneys, bankruptcy petition. Fill in the details.  MY MILLER son Who Was Paid 65 S EASTERN AVE inher Street	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Fransfers  ruptcy, did you or anyone else acting on your behalf pay or trantcy or preparing a bankruptcy petition?  In preparers, or credit counseling agencies for services required in your property transferred  Description and value of any property transferred  FOR PREPARE ALL FORMS OF CHAPTER 7	nsfer any property our bankruptcy.  Date payment or transfer was	to anyone  Amount of paymen
7: I lithin 1 lithin 2 lithin	List Certain Payments or T  1 year before you filed for bank insulted about seeking bankrupt any attorneys, bankruptcy petition  Fill in the details.  MY MILLER son Who Was Paid  65 S EASTERN AVE inber Street  S VEGAS NV 89123	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Fransfers  ruptcy, did you or anyone else acting on your behalf pay or trantcy or preparing a bankruptcy petition?  In preparers, or credit counseling agencies for services required in your property transferred  Description and value of any property transferred  FOR PREPARE ALL FORMS OF CHAPTER 7	nsfer any property our bankruptcy.  Date payment or transfer was	to anyone  Amount of paymen
7: I lithin 1 lithin 2 lithin	List Certain Payments or To year before you filed for bank insulted about seeking bankrupt any attorneys, bankruptcy petition. Fill in the details.  MY MILLER son Who Was Paid 65 S EASTERN AVE inher Street	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Fransfers  ruptcy, did you or anyone else acting on your behalf pay or trantcy or preparing a bankruptcy petition?  In preparers, or credit counseling agencies for services required in your property transferred  Description and value of any property transferred  FOR PREPARE ALL FORMS OF CHAPTER 7	nsfer any property our bankruptcy.  Date payment or transfer was	to anyone  Amount of paymen

1	JEZADLI	. SUAKEZ	Z-GARCIA		Case number (if known)		
	First Name	Middle Name	Last I	Name			
William Marketon or or	e at AAA Targerry gallamidd 1974 (1984) yddiddolodd gaerga 1974 (1984)	(co. Million co. 1888 - 1889 phylydgon ar a to A + 1998 - 500 tab 1880	ACCUPATE THE SEASON STATE OF THE SEASON STATE	Description and value of any property	r transferred	Date payment or transfer was made	Amount of payment
Per	rson Who Was P	aid					¢
Nur	imber Street						<b>\$</b>
_							\$
City	у	State	ZIP Code				
Em	nail or website ad	dress					
Per	rson Who Made	the Payment, if I	Not You				
No	s. Fill in the d		triat y	ou listed on line 16.			
				Description and value of any property	r transferred	Date payment or transfer was made	Amount of pay
Per	rson Who Was F	aid					
							œ.
Nur	ımber Street						\$
City	у	State	ZIP Code				\$ \$
City ithin 2 ansfer clude lo not in	y 2 years befo erred in the c	ore you filed ordinary cou t transfers and and transfers	i for bankrup urse of your i	tcy, did you sell, trade, or otherwise ousiness or financial affairs? nade as security (such as the granting re already listed on this statement.			
City ithin 2 ansfer clude lo not in	y years before in the company of the	ore you filed ordinary cou t transfers and and transfers	i for bankrup urse of your i	ousiness or financial affairs? hade as security (such as the granting		nortgage on your pro	perty).
City  ithin 2  ansfer  clude one to  No  Yes.	y years before in the company of the	ore you filed ordinary cou transfers and and transfers etails.	i for bankrup urse of your i	pusiness or financial affairs?  nade as security (such as the granting a line and listed on this statement.  Description and value of property	of a security interest or m  Describe any property	nortgage on your pro	perty).  Date transi
City  City  City  City  City  Conot in  No  Yes.	2 years before in the company of the	ore you filed ordinary cou transfers and and transfers etails.	i for bankrup urse of your i	pusiness or financial affairs?  nade as security (such as the granting a line and listed on this statement.  Description and value of property	of a security interest or m  Describe any property	nortgage on your pro	perty).  Date transi
City  City  City  City  City  Conot in  No  Yes.	2 years before in the company of the	ore you filed ordinary cou transfers and and transfers etails.	i for bankrup urse of your i	pusiness or financial affairs?  nade as security (such as the granting a line and listed on this statement.  Description and value of property	of a security interest or m  Describe any property	nortgage on your pro	perty).  Date transi
City  City  City  City  City  City	2 years before in the company of the	ore you filed ordinary count transfers and transfers at and transfers at all s.	i for bankrup urse of your i nd transfers m s that you hav	pusiness or financial affairs?  nade as security (such as the granting a line and listed on this statement.  Description and value of property	of a security interest or m  Describe any property	nortgage on your pro	perty).  Date transi
City  City  Pers  City  Per	2 years before the company of the co	etails.  ed Transfer  State  ship to you	i for bankrup urse of your i nd transfers m s that you hav	pusiness or financial affairs?  nade as security (such as the granting a line and listed on this statement.  Description and value of property	of a security interest or m  Describe any property	nortgage on your pro	perty).  Date transi
City Pers	2 years beforered in the control outright include gifts and the decision. Fill in the decision who Receive mber Street	etails.  ed Transfer  State  ship to you	i for bankrup urse of your i nd transfers m s that you hav	pusiness or financial affairs?  nade as security (such as the granting a line and listed on this statement.  Description and value of property	of a security interest or m  Describe any property	nortgage on your pro	perty). Date transf
City Pers	2 years beforered in the control outright include gifts and the control of the co	etails.  ed Transfer  State  ship to you	i for bankrup urse of your i nd transfers m s that you hav	pusiness or financial affairs?  nade as security (such as the granting a line and listed on this statement.  Description and value of property	of a security interest or m  Describe any property	nortgage on your pro	perty). Date transf

efore you filed for bank? (These are often called details.  In Financial Accourting the property or transferred? It is a savings, money market.)	ruptcy, did you transfer any proper asset-protection devices.)  Description and value of the prope	Boxes, and Storagor instruments held in	<b>e Units</b> your name, or for your	Date transfer was made
rin Financial Accourting transferred?  ore you filed for bankruwed, or transferred?  or savings, money markes, pension funds, cooper	Description and value of the property, were any financial accounts out, or other financial accounts; cert	Boxes, and Storagor instruments held in	<b>e Units</b> your name, or for your	Date transfer was made
rin Financial Accourting transferred?  ore you filed for bankruwed, or transferred?  or savings, money markes, pension funds, cooper	Description and value of the property, were any financial accounts out, or other financial accounts; cert	Boxes, and Storagor instruments held in	<b>e Units</b> your name, or for your	Date transfer was made
rin Financial Accourting transferred?  ore you filed for bankruwed, or transferred?  or savings, money markes, pension funds, cooper	Description and value of the property, were any financial accounts out, or other financial accounts; cert	Boxes, and Storagor instruments held in	<b>e Units</b> your name, or for your	Date transfer was made
nin Financial Accourting or transferred?  In savings, money markers, pension funds, cooperations.	Description and value of the property, Instruments, Safe Deposite ptcy, were any financial accounts out, or other financial accounts; cert	Boxes, and Storagor instruments held in	your name, or for your	was made
ein Financial Accour ore you filed for bankru yed, or transferred? i, savings, money marke s, pension funds, coope	nts, Instruments, Safe Deposit ptcy, were any financial accounts o	Boxes, and Storagor instruments held in ificates of deposit; sha	your name, or for your	was made
ein Financial Accour ore you filed for bankru yed, or transferred? i, savings, money marke s, pension funds, coope	nts, Instruments, Safe Deposit ptcy, were any financial accounts o	Boxes, and Storagor instruments held in ificates of deposit; sha	your name, or for your	was made
ore you filed for bankru yed, or transferred? , savings, money marke s, pension funds, coope	nts, Instruments, Safe Deposit ptcy, were any financial accounts o	Boxes, and Storagor instruments held in ificates of deposit; sha	your name, or for your	was made
ore you filed for bankru yed, or transferred? , savings, money marke s, pension funds, coope	nts, Instruments, Safe Deposit ptcy, were any financial accounts o et, or other financial accounts; cert	Boxes, and Storag or instruments held in ificates of deposit; sha	your name, or for your	benefit,
ore you filed for bankru yed, or transferred? , savings, money marke s, pension funds, coope	nts, Instruments, Safe Deposit ptcy, were any financial accounts o et, or other financial accounts; cert	Boxes, and Storag or instruments held in ificates of deposit; sha	your name, or for your	
ore you filed for bankru yed, or transferred? , savings, money marke s, pension funds, coope	nts, Instruments, Safe Deposit ptcy, were any financial accounts o et, or other financial accounts; cert	Boxes, and Storag or instruments held in ificates of deposit; sha	your name, or for your	
ore you filed for bankru wed, or transferred? , savings, money marke s, pension funds, coope	ptcy, were any financial accounts of the other financial accounts; cert	Boxes, and Storag or instruments held in ificates of deposit; sha	your name, or for your	
ore you filed for bankru wed, or transferred? , savings, money marke s, pension funds, coope	ptcy, were any financial accounts of the other financial accounts; cert	Boxes, and Storag or instruments held in ificates of deposit; sha	your name, or for your	
ore you filed for bankru wed, or transferred? , savings, money marke s, pension funds, coope	ptcy, were any financial accounts of the other financial accounts; cert	Boxes, and Storag or instruments held in ificates of deposit; sha	your name, or for your	
ore you filed for bankru wed, or transferred? , savings, money marke s, pension funds, coope	ptcy, were any financial accounts of the other financial accounts; cert	Boxes, and Storag or instruments held in ificates of deposit; sha	your name, or for your	
ore you filed for bankru ved, or transferred? , savings, money marke s, pension funds, coope	ptcy, were any financial accounts o	or instruments held in	your name, or for your	
ved, or transferred? , savings, money marke s, pension funds, coope	et, or other financial accounts; cert	ificates of deposit; sha		
, savings, money marke s, pension funds, coope			ares in banks, credit un	ions,
s, pension funds, coop			ares in Danks, Credit un	iions,
	eratives, associations, and other m	ianciai insututions.		
e details.				
e uetans.				
	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved,	Last balance before closing or transfer
			or transferred	•
ai inetitution	_	_		
ai institution	xxxx	<del>-</del>		\$
	_	☐ Savings		
	_	☐ Money market		
		☐ Brokerage		
State ZIP Code	_	Other		
	<b>YYYY</b> _	☐ Checking		•
ai Institution	_ ^^^	=		Ψ
	_			
		•		
	_	=		
	_	Other		
State ZiP Code				
	al institution  State ZIP Code  al Institution  State ZIP Code	State ZIP Code  XXXX—  al Institution	All Institution  XXXXChecking  Savings  Money market  Brokerage  Other  Checking  Savings  Money market  Brokerage  OtherChecking  Brokerage  Money market  Brokerage  Other	al institution  XXXXChecking  Savings  Money market  Brokerage  Other  AXXXChecking  Institution  XXXXChecking  Savings  Money market  Brokerage  Other

Debtor 1	JEZABEL SUAREZ-GARCIA	4	Case number (if known)	
,000	First Name Middle Name Li	ast Name		
			titi	
22. Hav		t or place other than your nome w	ithin 1 year before you filed for bankruptcy?	
_	Yes. Fill in the details.			
		Who else has or had access to it?	Describe the contents	Do you still have it?
				□ No
	Name of Storage Facility	Name		☐ Yes
	Number Street	Number Street	<del></del>	
		City State ZiP Code		
	City State ZiP Code	-		
Part 9		or Control for Someone Else		
		someone else owns? Include any	property you borrowed from, are storing for,	
	hold in trust for someone. No			
	Yes. Fill in the details.			
		Where is the property?	Describe the property	Value
	Owner's Name	-		\$
		- Number Street		
	Number Street			
		<u> </u>		
	City State ZIP Code	_ City State Z	iP Code	
Part 1	0: Give Details About Environ	mental Information		
		C. Maria		
	e purpose of Part 10, the following de	· · · ·	concerning pollution, contamination, releases	of
			surface water, groundwater, or other medium	
inc	luding statutes or regulations control	ling the cleanup of these substanc	es, wastes, or material.	
		-	nental law, whether you now own, operate, o	•
	ize it or used to own, operate, or utiliz			
	<i>tardous material</i> means anything an e Ostance, hazardous material, pollutan		ardous waste, hazardous substance, toxic	
Panor	t all notices, releases, and proceeding	e that you know about rogardless	of when they occurred	
repoi	t an notices, releases, and proceeding	ja tilat you kilow about, legaraless	of when they occurred.	
24. Has	any governmental unit notified you t	hat you may be liable or potentially	liable under or in violation of an environmer	ital law?
Ø	No			
	Yes. Fill in the details.			
		Governmental unit	Environmental law, if you know it	Date of notice
	No.	-	_	<del></del>
	Name of site	Governmental unit		_
	Number Street	Number Street	-	
	Number Street	Number Street  City State ZIP Code	<del>.</del> -	

City

ZiP Code

State

	JEZABEL SUARE.  First Name Middle Name		Name	Case number (if known)	
				. 1.10	
		nmental unit of	f any release of hazardous mate	∍riai ?	
Ø N					
U Y	es. Fill in the details.		<b>6</b>	Fundamental law if you know it	Date of notice
			Governmental unit	Environmental law, if you know it	Date of nouce
	Name of site		Governmental unit	<del>-</del>	
				<u> </u>	
	Number Street		Number Street		
			City State ZIP Code		
	City State	e ZIP Code			
Have	you been a party in any	judicial or adı	ministrative proceeding under a	any environmental law? Include settleme	ents and orders.
Ø N	lo				
O Y	es. Fill in the details.				
			Court or agency	Nature of the case	Status of the case
_					
С	case title		Court Name		Pending
			Court Haire		On appea
-			Number Street		☐ Conclude
c	ase number		City State ZIP C	Code	
			·		
rt 11	Give Details Abo	out Your Bus	iness or Connections to Ar	ny Business	
				have any of the following connections t	o any business?
				activity, either full-time or part-time	
	A member of a limited A partner in a partner		pany (LLC) or limited liability pa	rmership (LLP)	
	•				
	An officer, director, or	r mananina ov	acutive of a corporation		
	<b>.</b>		ecutive of a corporation		
	An owner of at least 5		ecutive of a corporation g or equity securities of a corpo	oration	
С <b>22</b> м	lo. None of the above ap	5% of the votin	g or equity securities of a corporate art 12.		
С <b>22</b> м	lo. None of the above ap	5% of the votin	g or equity securities of a corpo	usiness.	
С <b>22</b> м	lo. None of the above ap	5% of the votin	g or equity securities of a corporate art 12.	usiness. less Employer identificati	
□ М № Ч □	lo. None of the above ap	5% of the votin	g or equity securities of a corpo art 12. in the details below for each bu	usiness. less Employer identificati	on number I Security number or iTIN.
□ М № Ч □	io. None of the above ap	5% of the votin	g or equity securities of a corpo art 12. in the details below for each bu	usiness. ness Employer Identificati Do not include Socia	I Security number or ITIN.
□ Y	io. None of the above ap	5% of the votin	g or equity securities of a corporant 12.  In the details below for each but the Describe the nature of the busin	usiness.  ess Employer identificati  Do not include Socia  EIN:	I Security number or ITIN.
□ Y	lo. None of the above ap es. Check all that apply Business Name	5% of the votin	g or equity securities of a corpo art 12. in the details below for each bu	usiness.  ess Employer identificati  Do not include Socia  EIN:	I Security number or ITIN.
□ Y	lo. None of the above ap es. Check all that apply Business Name	5% of the votin	g or equity securities of a corporant 12.  In the details below for each but the Describe the nature of the busin	usiness. less Employer identificati Do not include Socia EIN: eper Dates business exist	I Security number or ITIN.
□ Y	io. None of the above ap les. Check all that apply Business Name	5% of the votin	g or equity securities of a corporant 12.  In the details below for each but the Describe the nature of the busin	usiness.  ess Employer identificati  Do not include Socia  EIN:	I Security number or ITIN.
□ Y	lo. None of the above ap es. Check all that apply Business Name	5% of the votin	g or equity securities of a corporant 12.  in the details below for each but the Describe the nature of the busin th	usiness.  less Employer Identificati Do not include Socia  EIN:  per Dates business exist  From 1	I Security number or ITIN.  —————————————ed
□ Y	lo. None of the above ap res. Check all that apply Business Name Number Street City State	5% of the votin	g or equity securities of a corporant 12.  In the details below for each but the Describe the nature of the busin	usiness.  less Employer Identificati Do not include Socia  EIN:  per Dates business exist  From 1  less Employer Identificati	I Security number or ITIN.  ed  on number
□ Y	io. None of the above ap les. Check all that apply Business Name	5% of the votin	g or equity securities of a corporant 12.  in the details below for each but the Describe the nature of the busin th	usiness.  less Employer Identificati Do not include Socia  EIN:  per Dates business exist  From 1  less Employer Identificati	I Security number or ITIN.  —————————————ed
□ Y	Io. None of the above ap  es. Check all that apply  Business Name  Number Street  City State	5% of the votin	g or equity securities of a corporant 12.  in the details below for each but the Describe the nature of the busin th	usiness.  less Employer Identificati Do not include Socia  EIN:  per Dates business exist  From 7  less Employer Identificati Do not include Socia	I Security number or ITIN.  ed  on number
□ Y	lo. None of the above ap res. Check all that apply Business Name Number Street City State	5% of the votin	g or equity securities of a corporant 12.  in the details below for each but the Describe the nature of the busin th	usiness.  less Employer identificati Do not include Socia  EIN:  per Dates business exist  From 1  less Employer identificati Do not include Socia  EIN:	I Security number or ITIN.  ed  fo  on number I Security number or ITIN.
□ Y	Io. None of the above ap  es. Check all that apply  Business Name  Number Street  City State	5% of the votin	g or equity securities of a corporant 12.  In the details below for each but Describe the nature of the busin Name of accountant or bookkeep.	usiness.  less Employer identificati Do not include Socia  EIN:  per Dates business exist  From 1  less Employer identificati Do not include Socia  EIN:	I Security number or ITIN.  ed  fo on number I Security number or ITIN.
□ Y	Io. None of the above ap  es. Check all that apply  Business Name  Number Street  City State	5% of the votin	g or equity securities of a corporant 12.  In the details below for each but Describe the nature of the busin Name of accountant or bookkeep.	usiness.  less Employer identificati Do not include Socia  EIN:  per Dates business exist  From 1  less Employer identificati Do not include Socia  EIN:	I Security number or ITIN.  ed  fo on number I Security number or ITIN.

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1 JEZABEL SUAREZ-GARCIA		mber (if known)
First Name Middle Name Las	st Name	
	Describe the nature of the business	Employer Identification number  Do not include Social Security number or ITIN.
Business Name		EIN:
Number Street	Name of accountant or bookkeeper	Dates business existed
	-	From To
City State ZiP Code		
thin 2 years before you filed for bankru	uptcy, did you give a financial statement to anyon	ne about your business? Include all financial
stitutions, creditors, or other parties.	picy, ald you give a infancial switchest to anyon	ie about your business. Include an initialista
No		
Yes. Fill in the details below.		
	Date issued	
Name	MM / DD / YYYY	
Number 201	-	
Number Street		
	-	
	_	
City State ZIP Code		
2: Sign Below		
nswers are true and correct. I understa	ent of Financial Affairs and any attachments, and and that making a false statement, concealing pro	operty, or obtaining money or property by frau
connection with a bankruptcy case ca 3 U.S.C. §§ 152, 1341, 1519, and 3571.	n result in fines up to \$250,000, or imprisonmen	t for up to 20 years, or both.
0 0.0.0. 33 102, 1011, 1010, 4114 007.11		
	•	
	×	
Signature of Debtor 1	Signature of Debtor 2	
Date 3-11-2019	Date	
	Statement of Financial Affairs for Individuals Fil	ing for Bankruptcy (Official Form 107)?
1		mg to Dama optoy (Omotal volim 107).
1 No 1 Yes		
ı res		
id you nay or agree to nay someone wh	no is not an attorney to help you fill out bankrupt	tev forms?
No	io io not an attorney to help you illi out palikrupi	er ionnat
Yes. Name of person AMY MILLER		Attach the Bankruptcy Petition Preparer's Notice,

Ethic this is formation to identify your speci			
Fill in this information to identify your case:			
Debtor 1 JEZABEL SUAREZ GARCIA			
First Name Middle Name	Last Name		
Debtor 2 (Spouse, if filing) First Name Middle Name	Last Name	<del></del>	
United States Bankruptcy Court for the: DISTRICT OF NEVA	.DA		
	<i>57</i> .		Check if this is an
Case number(If known)	<del></del>		amended filing
Official Form 108			
Statement of Intention (	iau Isalistidi	uala Filina Undar Chant	tor 7
Statement of Intention	or individu	uals Filling Under Chapt	12/15
If you are an individual filing under chapter 7, you r	nust fill out this form i	if:	
<ul> <li>creditors have claims secured by your property</li> </ul>	, or		
you have leased personal property and the leas	e has not expired.		
You must file this form with the court within 30 day	s after you file your ba	ankruptcy petition or by the date set for the meeti	ng of creditors,

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filling together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: CHASE MORTGAGE  Description of HOME property Securing debt: Single farmily home belong to exhusband Trough Diroce Decree.	<ul> <li>□ Surrender the property.</li> <li>□ Retain the property and redeem it.</li> <li>□ Retain the property and enter into a Reaffirmation Agreement.</li> <li>☑ Retain the property and [explain]: EX-SPOUSE LOAN, NO LONGER MINE</li> </ul>	☑ No ☐ Yes
Creditor's name: UNIFY FCU  Description of 2014 DODGE CARAVAN property securing debt:	□ Surrender the property. □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. ☑ Retain the property and [explain]: □ CONTINUE TO MAKE PAYMENTS	□ No ☑ Yes
Creditor's name:  Description of property securing debt:	□ Surrender the property. □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]:	□ No □ Yes
Creditor's name:  Description of property securing debt:	□ Surrender the property. □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]:	□ No □ Yes

Debtor	1

JEZABEL	SUAREZ-GAR	CIA	Case number (If known)
First Name	Middle Name	Last Name	

П.		٠.
	и.	-

#### **List Your Unexpired Personal Property Leases**

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

	leases Will the lease be assumed?
Lessor's name:	□ No
Description of leased property:	☐ Yes
Lessor's name:	□ No
Description of leased property:	☐ Yes
Lessor's name:	□ No
Description of leased property:	☐ Yes
_essor's name:	□No
Description of leased property:	☐ Yes
essor's name:	□ No
Description of leased property:	Yes ☐ Yes
essor's name:	□No
Description of leased property:	☐ Yes
essor's name:	□ No
Description of leased property:	Yes

Fill in this information to identify your case:			Check one box o	nly as directed in this form and in	
Debtor 1 JEZABEL SUAREZ-GARCIA  First Name Middle Name	Last Name				
Debtor 2		1 1	•	presumption of abuse.	
(Spouse, if filing) First Name Middle Name  United States Bankruptcy Court for the: DISTRICT OF NEVADA	Last Name		abuse applie	ion to determine if a presumption of es will be made under <i>Chapter 7</i> Calculation (Official Form 122A–2).	
Case number(If known)				Fest does not apply now because of tary service but it could apply later.	
		. –	Check if this	is an amended filing	
Official Form 122A-1					
Chapter 7 Statement of Your	<b>Current Mo</b>	nthly	y Income	12/15	
Be as complete and accurate as possible. If two married perspace is needed, attach a separate sheet to this form. Include additional pages, write your name and case number (if know do not have primarily consumer debts or because of qualify Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with the Part 1:  Calculate Your Current Monthly Income	de the line number to v wn). If you believe that ying military service, co	vhich the you are	e additional inforr exempted from a	nation applies. On the top of any presumption of abuse because you	
What is your marital and filing status? Check one only.					
Not married. Fill out Column A, lines 2-11.  Married and your spouse is filling with you. Fill out b	oth Columns A and B, li	nes 2-11			
Married and your spouse is NOT filling with you. You and your spouse are:					
Living in the same household and are not legal	Ily separated. Fill out bo	oth Colum	nns A and B, lines	<b>2-11</b> .	
Living separately or are legally separated. Fill of under penalty of perjury that you and your spouse spouse are living apart for reasons that do not incl	are legally separated ur	nder nonl	cankruptcy law that	t applies or that you and your	
Fill in the average monthly income that you received from bankruptcy case. 11 U.S.C. § 101(10A). For example, if your monthly income varied during the result. Do not include any income amount more the income from that property in one column only. If you have recommended.	ou are filing on Septemb ring the 6 months, add th han once. For example, i	er 15, th ne incom if both sp	e 6-month period ve for all 6 months a couses own the sar	vould be March 1 through and divide the total by 6.	
, , , , , , , , , , , , , , , , , , , ,	,	,	Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
<ol><li>Your gross wages, salary, tips, bonuses, overtime, and (before all payroll deductions).</li></ol>	commissions		\$ <u>3,198.2</u> 3	\$	
<ol> <li>Alimony and maintenance payments. Do not include pay Column B is filled in.</li> </ol>	ments from a spouse if		\$0.00	\$	
4. All amounts from any source which are regularly paid for you or your dependents, including child support. Including an unmarried partner, members of your household, you and roommates. Include regular contributions from a spous filled in. Do not include payments you listed on line 3.	dude regular contribution our dependents, parents,	IS	\$ <u>0.0</u> 0	\$	
or tarm	Debtor 1 Debtor 2				
Gross receipts (before all deductions)	\$ \$				
Ordinary and necessary operating expenses	\$ \$ \$ 0.00 \$	Сору	s 0.00	_	
Net monthly income from a business, profession, or farm	\$	here <del>-&gt;</del>	\$0.00	\$	
6. Net income from rental and other real property Gross receipts (before all deductions) Ordinary and necessary operating expenses	Debtor 1 Debtor 2 \$ \$				
Net monthly income from rental or other real property	\$ \$ s 0.00 s	Сору	<b>\$</b> 0.00	•	
7. Interest, dividends, and royalties	\$	here <del>-&gt;</del>	\$ <u>0.0</u> 0	\$ \$	

Debtor 1	JEZABEL SUAREZ-GARCIA First Name Middle Name Last Name		Case numb	er (if known)		
	First Name Middle Name Last Name					
			Column Debtor		Column B Debtor 2 or non-filing spouse	
8. Ur	nemployment compensation		\$	0.00	\$	
D	o not enter the amount if you contend that the amount inder the Social Security Act. Instead, list it here:	received was a benefit				
	For you					
	For your spouse	<del></del>				
be	ension or retirement income. Do not include any amo enefit under the Social Security Act.		\$	0.00	\$	
D as	come from all other sources not listed above. Spector not include any benefits received under the Social Sets a victim of a war crime, a crime against humanity, or introrism. If necessary, list other sources on a separate p	curity Act or payments received ntemational or domestic	d			
			\$	0.00	\$	
			\$	0.00	\$	
- . 7	Total amounts from separate pages, if any.		+ \$	0.00	+ \$	
	, , , -		,			
11. <b>C</b>	alculate your total current monthly Income. Add line olumn. Then add the total for Column A to the total for C	s 2 through 10 for each Column B.	\$_3,	198.23 <b>+</b>	\$	Total current monthly income
Part	2: Determine Whether the Means Test App	olies to You				-
12. <b>C</b> a	liculate your current monthly income for the year. F					
12	a. Copy your total current monthly income from line 1	1		Сор	y line 11 here 🗲 📗	\$ <u>3,198.23</u>
	Multiply by 12 (the number of months in a year).				2000	x 12
12	b. The result is your annual income for this part of the	e form.			12b.	\$ <u>38,378.76</u>
13. <b>C</b>	alculate the median family income that applies to y	ou. Follow these steps:				
Fi	II in the state in which you live.	NEVADA				
Fi	Il in the number of people in your household.	5			_	··· <del></del>
Fi	Il in the median family income for your state and size o	f household			13.	<u>\$ 81,318.00</u>
To in	o find a list of applicable median income amounts, go o structions for this form. This list may also be available a	nline using the link specified in at the bankruptcy clerk's office.	the separa	ate		
14. H	ow do the lines compare?					
14	a. Line 12b is less than or equal to line 13. On the Go to Part 3.	top of page 1, check box 1, The	ere is no p	resumption	of abuse.	
14	b. Line 12b is more than line 13. On the top of pag Go to Part 3 and fill out Form 122A-2.	e 1, check box 2, The presump	tion of abu	use is detern	nined by Form 122	1-2.
Part	3: Sign Below					
	By signing here, I declare under penalty of perjur	y that the information on this st	atement a	nd in any att	tachments is true ar	nd correct.
	* O	×				
	Signature of Debtor 1	Sig	nature of D	ebtor 2		
	Date 3 / 11 /2019 MM / DD / YYYY	Da		D /YYYY		
	If you checked line 14a, do NOT fill out or file	Form 122A–2.				
	If you checked line 14b, fill out Form 122A-2	and file it with this form.				

## UNITED STATES BANKRUPTCY COURT

### DISTRICT OF NEVADA

*	* * * * *
In re:  JEZABEL SUAREZ-GARCIA	) Bankruptcy No.: ) Chapter 7 ) VERIFICATION OF CREDITOR ) MATRIX )
Debtor(s).	) ) ) )
The above named Debtor hereby vand correct to the best of his/her knowled	verifies that the attached list of creditors is true
Date <u>3-11-2019</u>	Signature
Date	Signature

# CREDITOR MATRIX JEZABEL SUAREZ GARCIA

BANK OF MISSOURI 5109 BROADSBAND LANE SIOUX FALLS, SD 57109

CAPITAL ONE BANK USA NA PO BOX 30281 SALT LAKE CITY, UT 84130

CREDIT ONE BANK PO BOX 98872 LAS VEGAS, NV 89193

DUVERA 1910 PALOMAR POINT WAY STE 101 CARLSBAD, CA 92008

SYNCB/SAMS PO BOX 965005 ORLANDO, FL 32896

AD ASTRA RECOVERY SERVICE 7330 W 33<sup>RD</sup> ST N STE 118 WICHITA, KS 67205

ALLIED COLLECTION SVCS 3080 S DURANGO DR STE 208 LAS VEGAS, NV 89117

HP SEARS PO BOX 2307 BAKERSFIELD, CA 93303

IQ DATA INT'L INC PO BOX 340 BOTHELL, WA 98041

MIDLAND FUNDING LLC 2365 NORTHSIDE DRIVE STE 300 SAN DIEGO, CA 92108

PORTFOLIO RECOVERY 120 CORPORATE BLVD STE 100 NORFOLK, VA 23502 SW CREDIT SYSTEMS L.P. 4120 INTERNATIONAL PKWY STE 1100 CARROLLTON, TX 75007

OPORTUN INC/PROGRESSO FIN 3201 DALLAS PKWY STE 700 FRISCO, TX 75034

PIONEER MCB 3240 E TROPICANA LAS VEGAS, NV 89121

JOSEPH DINOIA, ESQ. 7271 W. CHARLESTON BLVD STE 100 LAS VEGAS, NV 89117

JUSTICE COURT OF LAS VEGAS 200 LEWIS AVE LAS VEGAS, NV 89101

BOULDER TOWNSHIP CONSTABLE 505 AVENUE G BOULDER CITY, NV 89005

UNIFY FCU 1899 WESTERN WAY TORRANCE, CA 90501

CHASE MORTGAGE 700 KANSAS LANE MONROE, LA 71203

RAPID CASH PO BOX 780408 WICHITA, KS 67278

CASH ONE 1995 S. NELLIS BLVD STE C LAS VEGA, NV 89115

ALAN SOMPHONE MD 9127 W RUSSEL RD STE 110 LAS VEGAS, NV 89148

GOODNIGHT PEDIATRICS 2551 N GREEN VALLEY PKWY STE 425A HENDERSON, NV 89014 BRISTOL AT SUNSET 2001 RAMROD AVE HENDERSON, NV 89014

T MOBILE PO BOX 53410 BELLEVUE, WA 98015

CASHLAND PO BOX 10970 SANTA ANA, CA 92711